

Surrey County Council.

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER.

For the Year 1934

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PREFACE.

To the Members of the Surrey County Council.

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for the year 1934.

The Report, which has been made on the lines indicated in Circular 1417 issued by the Ministry of Health, incorporates the principal vital statistics of the County for 1934, and the work of the Public Health Department during the year.

The population of the Administrative County at mid-year, 1934, as estimated by the Registrar-General, was 1,047,750, an increase of 32,210 over the population at mid-year 1933. This represents an increase of 3.07 per cent. for the year, as compared with 3.2 in 1933 and 3.8 in 1932. The average yearly increase from 1921-1931 was 2.8 per cent. This abnormal growth in population involves the continuous and rapid development of the Public Health (and other) services undertaken by the County Council.

As regards vital statistics, the Administrative County compares favourably with the Country as a whole. The general death rate shows a further decline, but the death rates from heart disease and cancer show slight increases; the death rate from respiratory diseases (non-tuberculous) is less, whilst that from pulmonary tuberculosis is the lowest recorded since the disease became notifiable in 1912.

The demand on accommodation in the Public Assistance Hospitals of the County continues to increase, and an increase in the number of beds available was secured by adapting further portions of the institutions at Kingston and Dorking for the reception of chronic sick patients.

The alterations and extension of the Reigate Institution to provide a further 149 (net) hospital beds are proceeding. The scheme for the provision of additional hospital accommodation in the Mid-Eastern portion of the County by the erection of a hospital of approximately 850 beds at St. Helier also received further consideration during the year and the County Council has approved the proposal to build the hospital on the site given by the London County Council.

A reorganisation of the areas of District Medical Officers was carried out during the year; this was necessitated by the increase of population, the Review of County Districts, and the re-organisation of Registration Relief Districts.

The new scheme, described in the Annual Report for 1933, for the home nursing of Public Assistance cases, proved of considerable value during the year and served a useful purpose in easing the pressure on hospital beds and in securing that the available accommodation was used to the best advantage.

The altered arrangements in the anti-tuberculosis scheme came into force during the year, and it is hoped that the improved facilities for diagnosis will result in still further improvements in the liaison already existing between the Public Health Service and the general practitioners in this important branch of the County's responsibilities.

Attention is also drawn to the excellent work done at the County Sanatorium.

The proposals of the County Council for the provision of full-time medical officers of health for the various sanitary districts have now, whilst not yet fully operative, been implemented over a large part of the County.

The veterinary staff continues to perform excellent work in improving the condition of the milk supply and eradicating disease in the cattle herds of the County.

In conclusion, I should like to express my warm appreciation of the constant loyalty and willing co-operation of all sections of my staff.

I have the honour to be,

My Lord, Ladies and Gentlemen,

Your obedient servant,

J. FERGUSON,
County Medical Officer.

STAFF OF COUNTY PUBLIC HEALTH DEPARTMENT.

County Medical Officer of Health.

J. Ferguson, B.A., M.B., B.Ch., D.P.H.

Deputy County Medical Officer of Health.

A. Davidson, M.D., Ch.B., D.P.H.

Medical Officers on Special Duties.

Livingstone, D. M.	... B.Sc., M.D., Ch.B., Central Office Administration.
Steward, S. J., D.S.O.	... M.D., B.Ch., D.P.H., Mental Services.
Renwick, A. C.	... M.D., Ch.B., D.P.H., Tuberculosis.
Attlee, C. K.	... M.R.C.S., L.R.C.P., Tuberculosis.
Campbell, A. H.	... B.Sc., M.D., M.R.C.P.(Ed.), D.P.H., Tuberculosis.

Assistant Medical Officers on General Duties.

Blackstock, E.	... B.Sc., M.D., B.Ch., B.A.O., D.P.H.
Clark, Elizabeth F. M.	... B.Sc., M.B., Ch.B., D.P.H. (appointed 23/5/34)
Culley, A. R.	... B.Sc., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (appointed 5/11/34)
Dean, Hilda C.	... M.B., B.S., D.P.H., M.R.C.S., L.R.C.P. (appointed 1/3/34)
Dunlop, J. L.	... M.B., Ch.B., D.P.H., D.T.M. & H. (resigned 20/4/34)
Fanning, J.	... M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Gibson, G. H.	... M.B., Ch.B., D.P.H. (appointed 1/5/34)
Goodman, N. M.	... M.D., M.R.C.S., L.R.C.P., D.P.H. (appointed 1/2/34; resigned 27/10/34)
Grundy, E.	... M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. (appointed 1/6/34)
Hall, T. S.	... B.Sc., M.D., B.Ch., B.A.O., D.P.H. (resigned 6/10/34)
Hayes, A. H.	... F.R.C.P., M.R.C.S., D.P.H.
Hodge, Agnes J.	... M.B., C.M., L.M., D.P.H.
Ironside, A. E., M.C.	... M.R.C.S., L.R.C.P., L.D.S., D.P.H.
Kettle, A. B.	... M.D., B.S., M.R.C.S., M.R.C.P., D.P.H. (appointed 28/5/34)
Lakin, C. L.	... M.D., B.S., M.R.C.S., L.R.C.P.
Lishman, F. J. G.	... M.B., B.S., M.R.C.S., L.R.C.P., D.L.O., D.P.H. (appointed 10/11/34)
Macmillan, Ada J.	... M.D., Ch.B.
Savage, S. W.	... M.A., M.D., B.Ch., D.P.H. (resigned 31/1/34)
Scott, W. A.	... B.Sc., M.D., B.Ch., D.P.H.
Seccombe, S. T.	... M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Smith, F. L.	... M.B., Ch.B., D.P.H. (resigned 28/2/34)
Soutar, K. A.	... B.Sc., M.B., B.S., M.R.C.P., D.P.H.

Part-time Medical Officers.

Habgood, W.	... M.D., D.P.H. (resigned 31/3/34)
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Dental Surgeons.

Avent, J. G., M.C.	... L.D.S.
Butt, E. S.	... L.D.S.
Forrest, Jean R.	... L.D.S.
Graham, G. E.	... L.D.S.
Griffin, T. H.	... L.D.S.
Hagen, F. J.	... L.D.S.
House, D. R.	... M.R.C.S., L.R.C.P., L.D.S.
Irvine, Elizabeth W. C.	... B.D.S.
Lee, Austin	... L.D.S.
McClelland, D. M.	... L.D.S.
Peacock, B.	... L.D.S.
Clark, Jean Graham	... M.R.C.S., L.R.C.P., L.D.S.

Dental Surgeon—Part Time.

Hughes, A. Morgan, M.C. M.R.C.S., L.R.C.P., L.D.S.

Chief Clerk.

Chalmers, T.

Superintendent Health Visitor.

Miss K. Dinsley, S.R.N., S.C.M.

Health Visitors.

There are 71 health visitors on the staff, 57 of whom are engaged on combined duties (viz. Education, Maternity and Child Welfare, Tuberculosis, and Mental Deficiency). The remaining 14 have similar duties, except that they do no maternity and child welfare work.

The following is a summary of the qualifications possessed by each health visitor:—

Supt. Health Visitor possesses	qualifications number	1, 2, 3, 4, 5	1. Fully trained nurse. 2. Certificate of Central Midwives Board. 3. Certificate for Health Visitors (Royal Sanitary Institute). 4. Certificate for Maternity and Child Welfare (Royal Sanitary Institute). 5. Certificate for Sanitary Inspector (Royal Sanitary Institute).
1 Health Visitor	„	1, 2, 3, 4	
1 „ „ „	„	1, 2, 3, 5	
60 „ „ „	„	1, 2, 3	
4 „ „ „	„	1, 2	
3 „ „ „	„	2, 3	
1 „ „ „	„	2	
71			

Dental Attendants 7

Veterinary Officers.

Chief Veterinary Officer.

Clark, E. M.R.C.V.S., D.V.S.M.

Assistants.

Griffiths, J. B. M.R.C.V.S.
 Rhodes, W. B.Sc., M.R.C.V.S.
 Mills, G. H. M.R.C.V.S., D.V.S.M.

County Sanatorium.

Medical Superintendent.

Allison, R. J. M.R.C.S., L.R.C.P.

Assistants.

Cooper, A. M.A., M.D., Ch.B.
 Whyte, J. N. M.B., B.Ch., B.A.O., D.P.H.
 (resigned 30/11/34)
 Littlewood, J. M.B., Ch.B. (appointed 22/1/34)
 (resigned 21/7/34)
 Nathan, N. J. L.R.C.P., M.R.C.S. (appointed 21/7/34)
 Oliver, R. M.R.C.S., L.R.C.P., M.B., B.S., F.R.C.S.
 (appointed 1/12/34)

Matron.

Miss E. Hall.

PUBLIC ASSISTANCE HOSPITALS.

MEDICAL STAFF.

Hospital.	Position.	Name.	Qualifications.
Blechingley	Medical Officer (part-time)	Butcher, W. H. ...	M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
	Assistant Medical Officer (part-time)	Bent, P. C. V. ...	M.R.C.S., L.R.C.P.
Dorking	Medical Officer (part-time)	Fardon, A. H. ...	M.A., M.D., M.R.C.S., L.R.C.P., D.P.H.
Epsom...	Medical Officer (part-time)	Stones, G. F. ...	M.B., Ch.B., F.R.C.S. (E).
	Assistant Medical Officer (part-time)	Kendall, G. M. ...	M.B., M.R.C.P., M.R.C.S.
	Resident Assistant Medical Officer	Stewart, J. ...	L.R.C.P., L.R.C.S.
	Visiting Tuberculosis Officer	Campbell, A. H. ...	B.Sc., M.D., M.R.C.P., D.P.H.
Farnham	Medical Officer (part-time)	Hobbs, F. B. ...	B.A., M.D., B.Ch., M.R.C.P., M.R.C.S., D.P.H.
	Assistant Medical Officer (part-time)	Hussey, J. ...	M.D., M.R.C.S., L.R.C.P
	Assistant Medical Officer (part-time)	Roberts, G. H. ...	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
	Consultant Radiologist (part-time)	Imrie, D. ...	M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., D.M.R.E.
	Hon. Consultant Physician and Surgeon (part-time)	Tanner, C. E. ...	M.D., F.R.C.S.
Guildford	Visiting Tuberculosis Officer	Allison, R. J. ...	M.R.C.S., L.R.C.P.
	Medical Officer (Non-Resident)	Rees, J. O. M. ...	B.Sc., M.R.C.S., L.R.C.P.
	Assistant Medical Officer (Resident)	Moyse, J. A. ...	M.D., B.Sc.
	Consultant Surgeon (part-time)	Maitland, C. D. ...	M.B., B.S., F.R.C.S.
	Consultant Radiologist (part-time)	Imrie, D. ...	M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., D.M.R.E.
Hambledon	Medical Officer (part-time)	Mills, W. T.	M.R.C.S., L.R.C.P.
Kingston	Medical Superintendent (Resident)	Davies, P. V. ...	M.R.C.S., L.R.C.P.
	1st Assistant Medical Officer (Resident)	Van Buuren, N. A. A. ...	B.A., M.B., B.S., F.R.C.S.(E), L.R.C.P.
	2nd Assistant Medical Officer (Resident)	Naz, L. P. ...	M.R.C.S., L.R.C.P.
	Junior Medical Officer (Resident)	Goodwin, G. P. ...	B.A., M.R.C.S., L.R.C.P.
	Junior Medical Officer (Resident)	Jones, G. F. ...	M.R.C.S., L.R.C.P.
	Consultant Surgeon (part-time)	Daniels, P. ...	F.R.C.S., L.R.C.P.
	Consultant Radiologist (part-time)	Burkitt, F. T. ...	M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.M.R.E.
	Consultant Ophthalmic Surgeon (part-time)	Letchworth, T. W. ...	B.A., M.B., B.Ch., F.R.C.S., L.R.C.P.
	Physician (part-time) (Mental Treatment Clinic)	Webber, L. M. ...	M.R.C.S., L.R.C.P., D.P.M.
	Visiting Tuberculosis Officer	Renwick, A. C. ...	M.D., Ch.B., D.P.H.
Reigate	Medical Officer (part-time)	Crichton, C. S. ...	M.D., Ch.B.
	Visiting Tuberculosis Officer	Campbell, A. H. ...	B.Sc., M.D., M.R.C.P., D.P.H.
Richmond	Medical Officer (part-time)	Gordon, G. A. ...	M.D., Ch.B.
	Assistant Medical Officer (part-time)	Gordon, D. ...	M.B., Ch.B.
	Consultant Surgeon (part-time)	Heekes, J. W. ...	M.R.C.S., L.R.C.P.
	Visiting Tuberculosis Officer	Renwick, A. C. ...	M.D., Ch.B., D.P.H.

STATISTICS AND SOCIAL CONDITIONS.

Area.

The area of the Administrative County on the 31st December, 1934, was 449,220 acres. The area of each sanitary district is shown in the table on page 7.

The Administrative County of Surrey, situated south and south-west of the Metropolitan area, is bounded on the north by the River Thames; on the east the boundary is formed by the Metropolitan area, the County Borough of Croydon, and the County of Kent; on the south it is bounded by the Counties of East and West Sussex; to the west lie the Counties of Hampshire and Berkshire. The northern boundary is approximately twenty, the southern thirty-six, and the east and western approximately twenty-four miles each. The County, which is roughly quadrilateral in shape, is divided transversely by a range of chalk hills stretching from Tatsfield in the east to Farnham in the west. This range is interrupted at two places—the River Mole courses through a small valley between Dorking and Leatherhead, and the River Wey flows through a belt of low land at Guildford. In the north-western portion of the County there are the Chobham Ridges, and in the south-west extremity of the County are the Ridges of Hindhead.

There is only one County Borough situated in the County, viz., Croydon, and there are the nine Municipal Boroughs of Barnes, Godalming, Guildford, Kingston-on-Thames, Mitcham, Reigate, Richmond, Sutton and Cheam and Wimbledon. Sutton and Cheam and Mitcham obtained their Charters of Incorporation during the year.

Population.

The population of the Administrative County at the 1931 Census was 947,770, and the Registrar-General's estimate of the population at mid-year 1934 was 1,047,750. The population in each of the Census years 1921 and 1931 for the aggregate of urban districts, for the aggregate of rural districts and for the whole of the Administrative County is shown in the following table:—

			1921.	1931.	Percentage Increase.
Urban Districts...	...	...	639,618	835,859	30.7
Rural Districts ...	...	...	99,000	111,911	13.0
Administrative County	...	...	738,618	947,770	28.3

The Registrar-General's mid-year estimate of the population for these areas during each of the five years 1930-1934 is shown in the following table:—

	1930.	1931.	1932.	1933. *	1934.
Urban Districts...	731,060	762,860	796,200	901,016	934,050
Rural Districts ...	175,840	180,180	187,900	114,524	113,700
Administrative County	906,900	943,040	984,100	1,015,540	1,047,750

* In this year the Surrey Review Order became operative, and a re-distribution of the population between Urban and Rural Districts followed the operation of the Order.

The following table shows the population of each Sanitary district at the Censuses of 1921 and 1931, and as estimated by the Registrar-General at the Mid-Year of 1933 and 1934.

DISTRICTS.	ACREAGE AND CENSUS POPULATION OF AREAS as constituted at 30th June, 1933.			Registrar General's Estimates of Mid-year populations.	
	Acreage (land and inland water.)	Census Population.		1933.	1934.
Urban.					
1. Banstead	12,821	12,468	18,734	21,250	23,320
2. Barnes (M.B.)	2,519	34,299	42,440	42,590	42,050
3. Beddington and Wallington	3,045	16,451	26,328	27,890	28,450
4. Carshalton	3,346	13,873	28,586	35,260	38,110
5. Caterham and Warlingham	8,233	17,108	21,774	23,300	24,700
6. Chertsey	9,983	14,939	16,988	18,120	18,260
7. Coulsdon and Purley	11,182	23,115	39,795	44,390	46,340
8. Dorking	9,511	13,207	15,204	15,680	16,100
9. Egham	9,350	14,496	17,196	17,020	17,290
10. Epsom and Ewell	8,427	22,953	35,231	39,740	43,200
11. Esher	14,847	27,540	32,407	34,790	36,230
12. Farnham	9,039	17,360	19,005	19,620	19,850
13. Frimley and Camberley ...	7,674	13,676	16,532	17,020	17,740
14. Godalming (M.B.) ...	2,393	10,856	10,940	12,330	12,520
15. Guildford (M.B.) ...	7,184	27,734	34,237	36,130	37,000
16. Haslemere	5,751	8,195	9,168	9,299	9,290
17. Kingston-on-Thames (M.B.) ...	1,408	39,514	39,825	38,690	38,276
18. Leatherhead	11,187	11,233	16,483	18,711	18,980
19. Maldens and Coombe ...	3,164	14,495	23,350	27,830	30,720
20. Merton and Morden ...	3,237	17,532	41,227	52,130	55,550
21. Mitcham (M.B.) ...	2,932	35,122	56,872	60,060	60,560
22. Reigate (M.B.) ...	10,255	31,733	34,547	35,250	35,400
23. Richmond (M.B.) ...	4,109	37,105	39,276	38,776	38,570
24. Surbiton	4,709	20,149	30,178	35,140	38,050
25. Sutton and Cheam (M.B.) ...	4,338	29,733	48,363	58,090	65,330
26. Walton and Weybridge ...	9,070	21,634	25,671	25,790	26,200
27. Wimbledon (M.B.) ...	3,212	61,405	59,515	58,770	58,450
28. Woking	15,690	31,693	35,987	37,350	37,520
Total	198,616	639,618	835,859	901,016	934,050
Rural.					
1. Bagshot	16,177	9,878	11,080	11,094	10,990
2. Dorking and Horley ...	53,718	16,042	18,485	19,240	19,530
3. Godstone	52,507	23,196	25,866	26,620	26,460
4. Guildford	60,007	27,574	31,554	32,490	31,580
5. Hambledon	68,175	22,310	24,926	25,080	25,140
Total	250,584	99,000	111,911	114,524	113,700
Administrative County	449,200	738,618	947,770	1,015,540	1,047,750

The figures given by the Registrar-General show the populations for the 1921 and 1931 Censuses as they would have been if the area boundaries at those dates had been the same as they are at present.

Number of Inhabited Houses and Number of Separate Families or Occupiers.

The numbers of private families and dwellings in the Administrative County, as constituted at the Census 1931, are given in the following table:—

District.	Area in Statute Acres (Land and Inland Water) (Census 1931).	Census 1921.	PRIVATE FAMILIES AND DWELLINGS CENSUS 1931.					
			Persons.	Persons per Acre.	Private Families.	Population in Private Families.	Structurally Separate Dwellings Occupied.	Rooms Occupied.
Urban Districts	136,138	590,543	5.6	193,917	711,352	175,516	987,968	0.72
Rural Districts	313,078	148,168	0.58	44,463	166,564	43,072	244,752	0.68
Administrative County	449,216	738,711	2.1	238,380	877,916	218,588	1,232,720	0.71

The following comparison with the position in 1921 is of interest:—

District.	1921.		1931.	
	Persons per Acre.	Persons per room.	Persons per Acre.	Persons per room.
Urban	4.5	1.28	5.6	0.72
Rural	0.5	1.36	0.58	0.68
Administrative County	1.6	1.30	2.1	0.71

These figures are not amended in accordance with the changes of boundaries since the Census.

Rateable Value and Estimated Produce of a Penny Rate.

The rateable value of the Administrative County on the 1st April, 1934, was £10,481,793, and the estimated produce of a 1d. rate for general County purposes for the year 1934-35 was £42,813.

VITAL STATISTICS.

CHIEF VITAL STATISTICS.

In the following table the chief vital statistics of the Administrative County for 1933 and 1934 and those of the urban and rural districts of the County, are compared with those of England and Wales:—

	1933				1934			
	Urban Districts.	Rural Districts.	Administrative County.	†England and Wales.	Urban Districts.	Rural Districts.	Administrative County	†England and Wales.
Birth-rate	12.77	12.69	12.76	14.4	13.09	13.72	13.16	14.8
Death-rate	9.83	11.45	10.05	12.3	9.66	11.25	9.83	11.8
Zymotic death-rate ...	0.14	0.15	0.15	‡	0.19	0.22	0.19	‡
*Infant mortality-rate ...	42.23	42.03	42.20	64	42.29	50.64	43.24	59
Smallpox death-rate ...	—	—	—	—	—	—	—	—
Enteric fever death-rate ...	—	0.007	0.001	0.01	0.003	—	0.003	0.00
Measles death-rate ...	0.02	0.007	0.01	0.05	0.05	0.07	0.05	0.09
Scarlet fever death-rate ...	0.007	0.04	0.01	0.02	0.01	0.04	0.02	0.02
Whooping cough death-rate	0.03	0.03	0.03	0.05	0.03	0.03	0.03	0.05
Diphtheria death-rate ...	0.04	0.04	0.04	0.06	0.06	0.02	0.05	0.10
Influenza death-rate ...	0.43	0.81	0.48	0.57	0.13	0.24	0.15	0.14
*Diarrhoea and enteritis (under 2 years) death-rate	3.20	1.75	3.01	7.1	2.94	4.49	3.12	5.5

* Rate per 1,000 births.

† Provisional figures.

‡ Not available.

The birth rate, death rate and infant mortality rate for the County for quinquennial periods and for each of the last five years are as follows:—

Quinquennial period.	Birth-rates per 1,000 population.	Death-rates per 1,000 population.	Deaths under one year per 1,000 births.
1890-1894	25.7	13.9	109.0
1895-1899	24.9	13.0	117.0
1900-1904	23.9	12.0	103.0
1905-1909	23.4	11.0	83.0
1910-1914	20.5	9.9	73.7
1915-1919	16.1	12.0	66.9
1920-1924	17.2	10.0	50.3
1925-1929	14.5	10.6	48.6
1930	14.4	9.55	41.5
1931	13.9	10.2	43.1
1932	13.65	10.1	46.9
1933	12.76	10.05	42.2
1934	13.16	9.83	43.2

The following statement compares the County birth and death rates for the year 1934 with those of the previous year and with the mean of the five years 1929-33:—

Administrative County.—	PER 1,000 OF POPULATION.					PER 1,000 BIRTHS.	
	Birth-rate.	Death-rate.	Death-rate from Pulmonary Tuberculosis.	Death-rate from Cancer.	Maternal Mortality.	Deaths of Infants under 1 year.	
Population—Registrar-General's Estimate Mid-Year 1934: 1,047,750							
Mean of 5 years 1929-33 ...	13.84	10.32	0.53	1.44	3.64	44.81	
Year 1933 ...	12.76	10.05	0.55	1.41	3.62	42.20	
Year 1934 ...	13.16	9.83	0.48	1.42	4.06	43.24	
Increase or decrease in 1934 on:—							
5 years' average, 1929-33 ...	—0.68	—0.49	—0.05	—0.02	+0.42	—1.57	
Previous year ...	+0.40	—0.22	—0.07	+0.01	+0.44	+1.04	

Live Births and Birth Rates.

The live births registered in or belonging to the Administrative County during the year ended 31st December, 1934, numbered 13,785, as compared with 12,961 in the previous year, showing an increase of 824. Of this number 588, or 4.3 per cent., were illegitimate as compared with 545 or 4.2 per cent. in 1933. The birth rate for the year was 13.16 as compared with 12.76 for the previous year. The birth rate for England and Wales for 1934 was 14.8.

The number of live births (legitimate and illegitimate) and the number of still births for each sanitary district, for the aggregate of urban districts, for the aggregate of rural districts and for the Administrative County are shown by sex at the foot of the tables on pages 12B, 12C, 13.

The number of births, the birth rate and the excess of births over deaths in each of the sanitary districts and in the Administrative County during 1934 are shown in the following table:—

DISTRICTS.	1934.		
	Number.	Net rate per 1,000 population (Mid Year 1934).	Excess of births over deaths.
Urban.			
1. Banstead	310	13.29	164
2. Barnes (M.B.)	356	8.47	—97
3. Beddington and Wallington ...	341	11.99	90
4. Carshalton	631	16.56	303
5. Caterham and Warlingham ...	356	14.41	144
6. Chertsey	271	14.84	64
7. Coulsdon and Purley ...	547	11.80	192
8. Dorking	212	13.17	29
9. Egham	224	12.96	31
10. Epsom and Ewell ...	548	12.69	239
11. Esher	443	12.23	81
12. Farnham	241	12.14	13
13. Frimley and Camberley ...	241	13.59	97
14. Godalming (M.B.) ...	196	15.65	68
15. Guildford (M.B.) ...	509	13.76	121
16. Haslemere	85	9.15	—21
17. Kingston-on-Thames (M.B.) ...	470	12.28	48
18. Leatherhead	251	13.22	80
19. Maldens and Coombe ...	376	12.24	115
20. Merton and Morden ...	770	13.86	284
21. Mitcham (M.B.) ...	948	15.65	395
22. Reigate (M.B.) ...	438	12.37	29
23. Richmond (M.B.) ...	403	10.45	—105
24. Surbiton ...	612	16.08	257
25. Sutton and Cheam (M.B.) ...	1,009	15.44	445
26. Walton and Weybridge ...	343	13.09	61
27. Wimbledon (M.B.) ...	590	10.09	—83
28. Woking	504	13.43	157
Total	12,225	13.09	3,201
Rural.			
1. Bagshot	163	14.83	30
2. Dorking and Horley ...	287	14.70	49
3. Godstone	340	12.85	68
4. Guildford	484	15.33	134
5. Hambledon	286	11.38	—
Total	1,560	13.72	281
Administrative County	13,785	13.16	3,482

A graph showing the birth rate per thousand of population in the Administrative County in each of the years 1889 to 1934 is shown on page 10A.

Deaths and Death Rates.**(a) All Causes.**

The total number of deaths registered in the Administrative County during 1934 was 10,303 as compared with 10,202 in the year 1933, an increase of 101. The crude death rate for 1934 was 9.83 as compared with 10.05 for 1933. The death rate for England and Wales during 1934 was 11.8.

The number of deaths and the crude net death rate in each of the sanitary districts and in the Administrative County during 1934, together with the standardized death rate, are shown in the following table:—

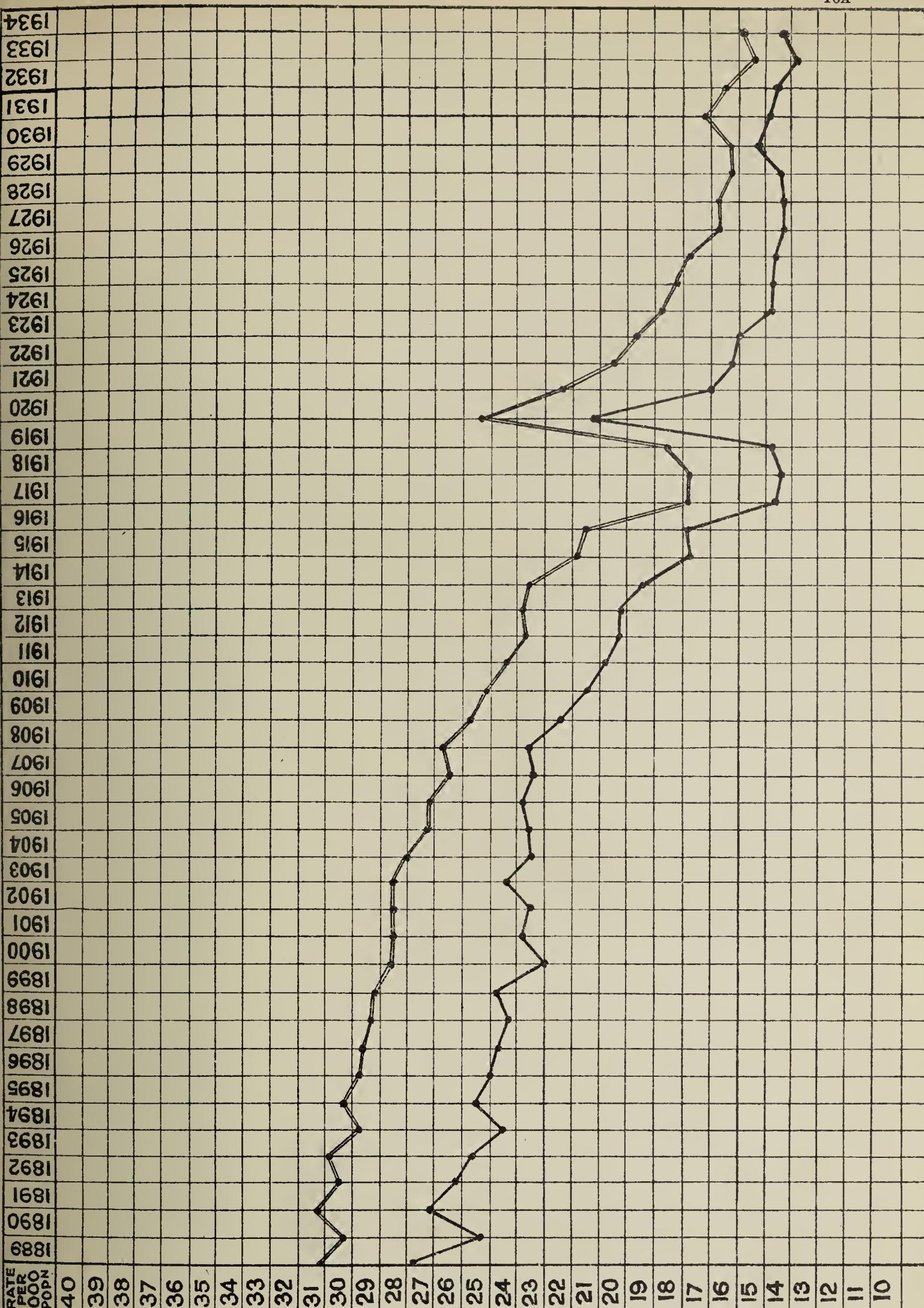
DISTRICTS.	1934.		
	Number.	Crude net rate per 1,000 population (Mid Year 1934).	Standardized death rate.
Urban.			
1. Banstead	146	6.26	6.07
2. Barnes (M.B.)	453	10.77	10.77
3. Beddington and Wallington	251	8.82	8.64
4. Carshalton	329	8.63	9.56
5. Caterham and Warlingham	212	8.58	9.01
6. Chertsey	207	11.34	10.55
7. Coulsdon and Purley ...	355	7.66	7.51
8. Dorking	183	11.37	9.55
9. Egham	193	11.16	10.16
10. Epsom and Ewell	309	7.15	6.15
11. Esher	362	9.99	9.69
12. Farnham	228	11.49	9.65
13. Frimley and Camberley ...	144	8.12	8.85
14. Godalming (M.B.) ...	128	10.22	8.99
15. Guildford (M.B.) ...	388	10.49	9.34
16. Haslemere	106	11.41	9.70
17. Kingston-on-Thames (M.B.)	422	11.03	9.71
18. Leatherhead	171	9.01	8.47
19. Maldens and Coombe ...	261	8.50	9.01
20. Merton and Morden ...	484	8.71	10.59
21. Mitcham (M.B.)	554	9.15	11.14
22. Reigate (M.B.)	409	11.55	9.59
23. Richmond (M.B.)	508	13.17	11.33
24. Surbiton	355	9.33	9.14
25. Sutton and Cheam (M.B.)	564	8.63	9.06
26. Walton and Weybridge ...	282	10.76	9.79
27. Wimbledon (M.B.) ...	673	11.51	10.36
28. Woking	347	9.25	8.79
Total	9,024	9.66	9.37
Rural.			
1. Bagshot	133	12.10	11.13
2. Dorking and Horley ...	238	12.19	10.73
3. Godstone	272	10.28	8.94
4. Guildford	350	11.08	10.30
5. Hambledon	286	11.38	9.56
Total	1,279	11.25	10.01
Administrative County ...	10,303	9.83	9.44

The standardized death rate is based on information supplied by the Registrar-General, and the effect of standardizing the death rate is to adjust the population of a district in regard to sex and age distribution so as to make the death rate of that district truly comparable with those of other districts, and with the country as a whole.

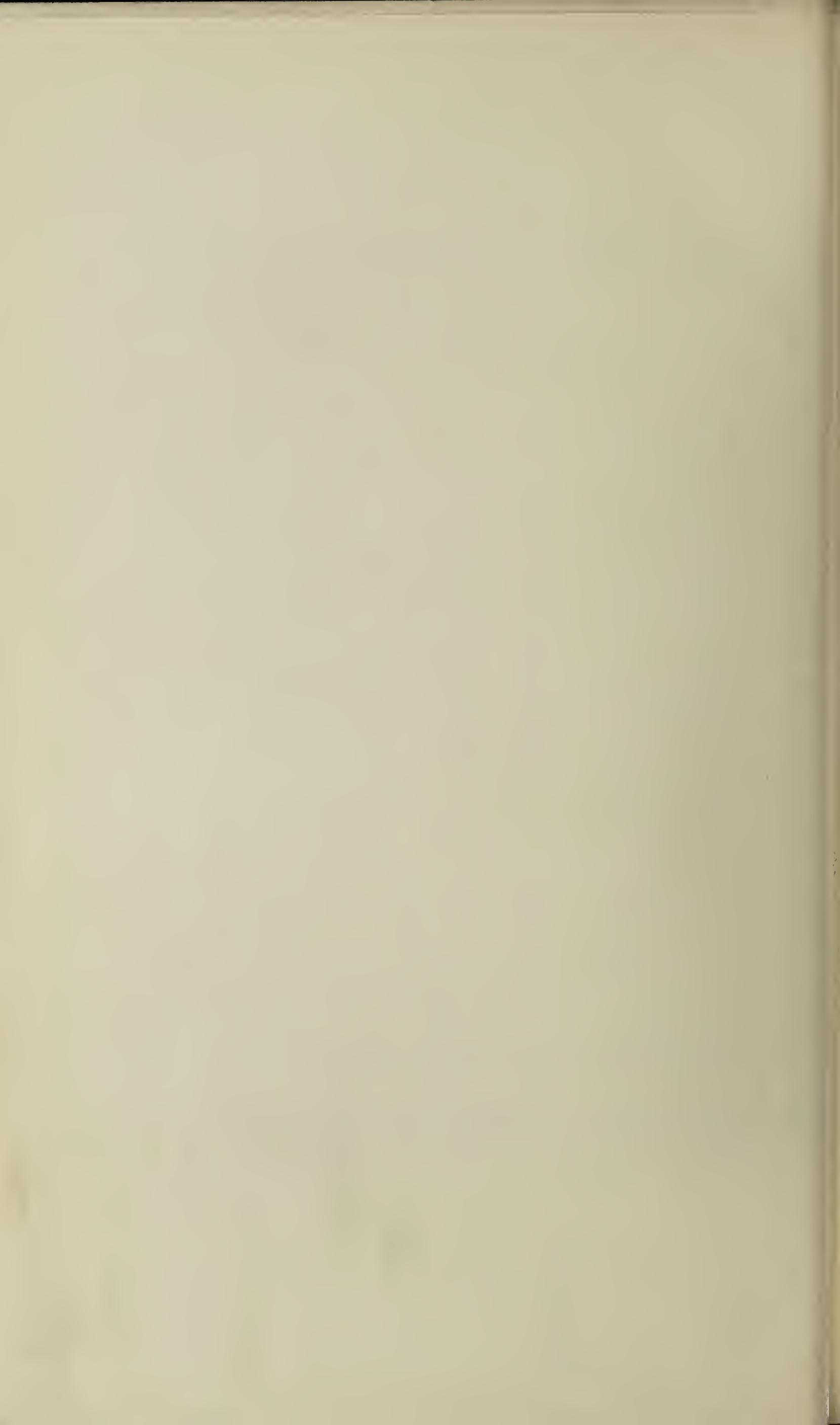
A graph showing the death rate per thousand of the population in the Administrative County in each of the years 1889 to 1934 is shown on page 10B.

The causes of all deaths during 1934 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts on page 12A.

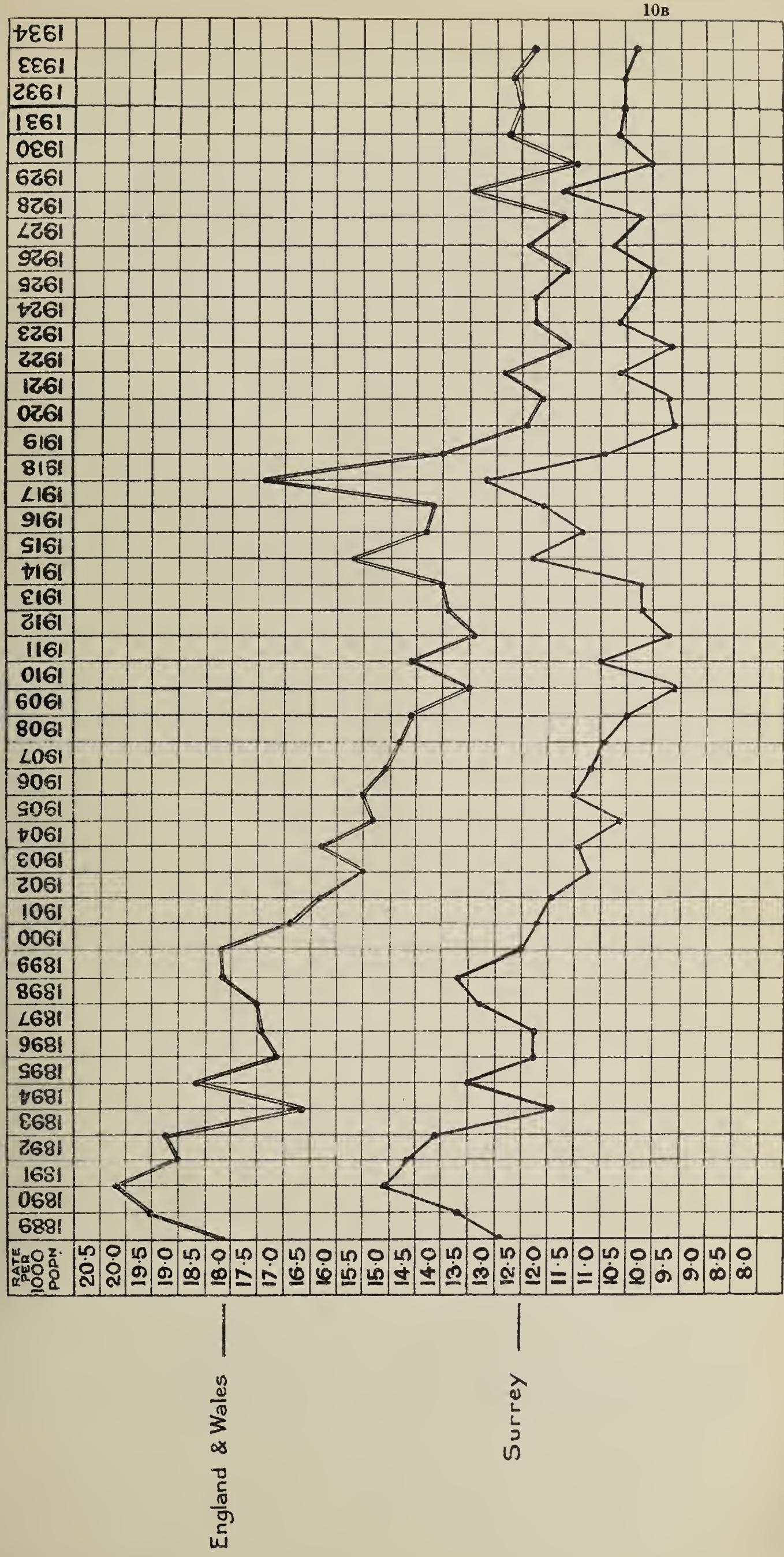
The classification of all deaths according to sex and age in each of the sanitary districts is shown in the tables on pages 12B, 12C, 13.

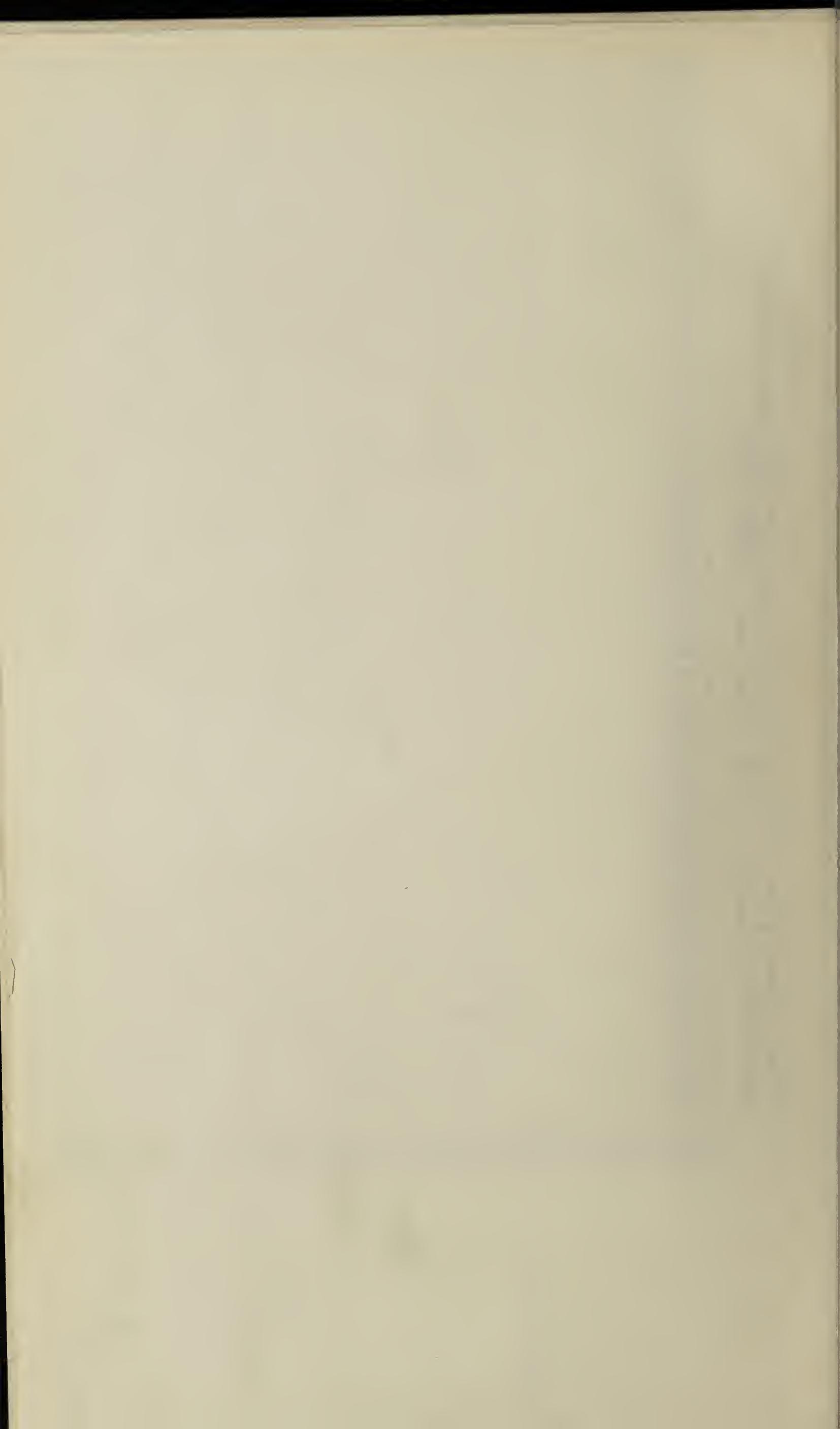


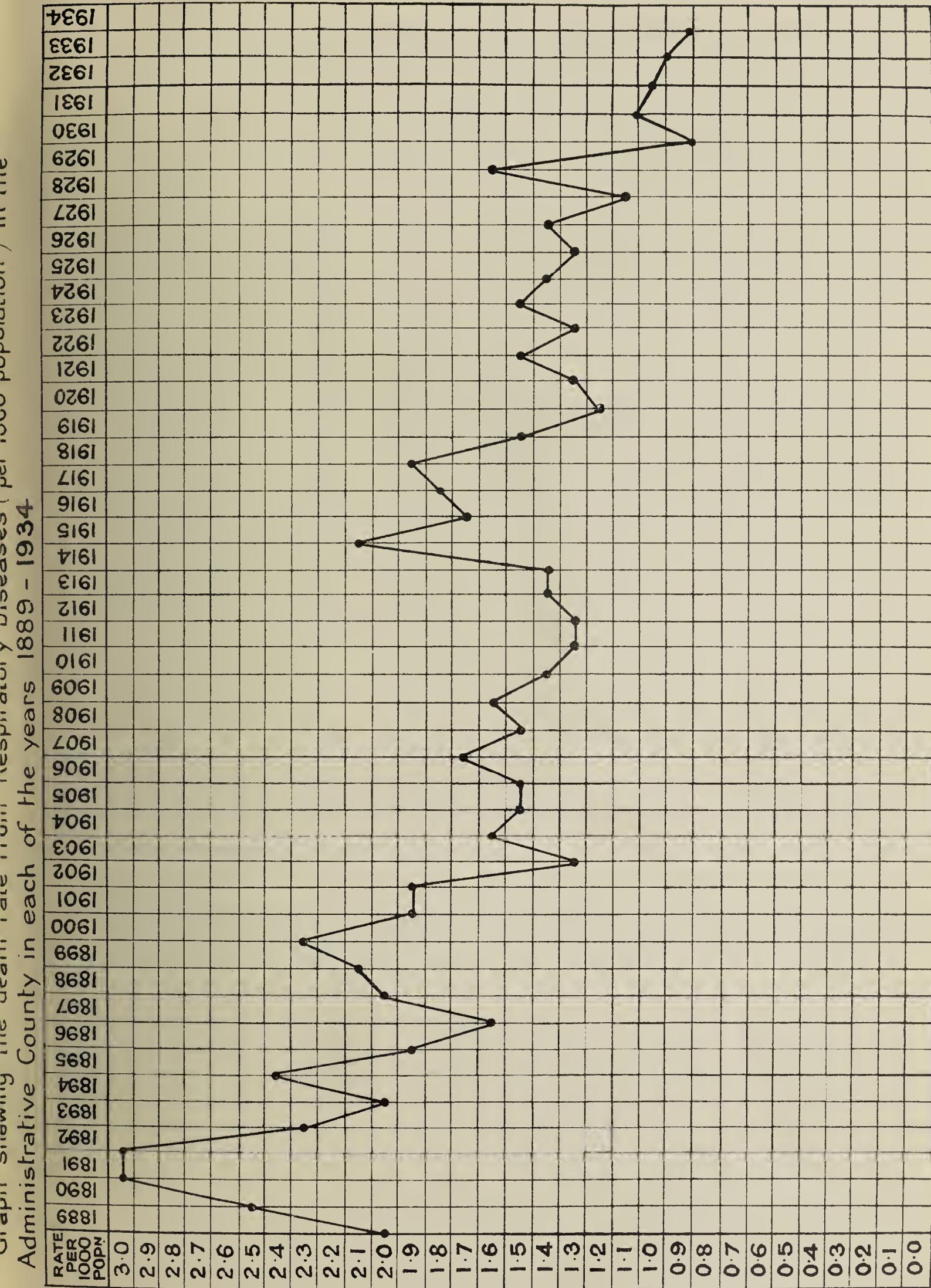
England & Wales —————
 Surrey ——————



Graph showing the death rate from all causes (per 1000 population) in the Administrative County in each of the years 1889-1934.









The number of deaths and the death rates from each of the four main causes of death in each of the sanitary districts and in the Administrative County are shown in the following table :—

DISTRICTS.	Heart disease.		Respiratory diseases. (non-tuberculous)		Tuberculosis.				Cancer.	
	No.	Rate per 1,000	No.	Rate per 1,000	Pulmonary.		Non-Pulmonary.		No.	Rate per 1,000
					No.	Rate per 1,000	No.	Rate per 1,000		
URBAN										
1 Banstead	24	1.03	12	0.51	7	0.30	—	—	15	0.64
2 Barnes (M.B.)	85	2.02	38	0.90	18	0.43	3	0.07	78	1.85
3 Beddington and Wallington	67	2.36	11	0.39	7	0.25	2	0.07	40	1.41
4 Carshalton	75	1.97	42	1.10	17	0.45	6	0.16	49	1.29
5 Caterham and Warlingham	48	1.94	25	1.01	3	0.12	2	0.08	28	1.13
6 Chertsey	53	2.90	22	1.20	4	0.22	1	0.05	29	1.59
7 Coulsdon and Purley	72	1.55	24	0.52	14	0.30	2	0.04	69	1.49
8 Dorking	37	2.30	15	0.93	3	0.19	2	0.12	31	1.93
9 Egham	47	2.72	24	1.39	7	0.40	2	0.12	28	1.62
10 Epsom and Ewell	61	1.41	39	0.90	17	0.39	4	0.09	41	0.95
11 Esher	96	2.65	33	0.91	13	0.36	2	0.06	45	1.24
12 Farnham	54	2.72	15	0.76	8	0.40	5	0.25	34	1.71
13 Frimley and Camberley	36	2.03	9	0.51	9	0.51	1	0.06	16	0.90
14 Godalming (M.B.)	43	3.43	11	0.88	5	0.40	1	0.08	11	0.88
15 Guildford (M.B.)	104	2.81	33	0.89	24	0.65	3	0.08	63	1.70
16 Haslemere	19	2.05	6	0.65	4	0.43	—	—	16	1.72
17 Kingston-on-Thames (M.B.) ...	89	2.33	43	1.12	36	0.94	4	0.10	62	1.62
18 Leatherhead	35	1.84	25	1.32	7	0.37	—	—	23	1.21
19 Maldens and Coombe	61	1.99	27	0.88	12	0.39	2	0.07	40	1.30
20 Merton and Morden	89	1.60	49	0.88	45	0.81	6	0.11	66	1.19
21 Mitcham (M.B.)	116	1.92	68	1.12	41	0.68	9	0.15	70	1.16
22 Reigate (M.B.)	96	2.71	25	0.71	14	0.40	4	0.11	73	2.06
23 Richmond (M.B.)	105	2.72	48	1.24	21	0.54	3	0.08	88	2.28
24 Surbiton	86	2.26	41	1.08	22	0.58	2	0.05	33	0.87
25 Sutton and Cheam (M.B.) ...	149	2.28	54	0.83	35	0.54	7	0.11	94	1.44
26 Walton and Weybridge	53	2.02	23	0.88	6	0.23	4	0.15	35	1.34
27 Wimbledon (M.B.)	166	2.84	72	1.23	35	0.60	10	0.17	92	1.57
28 Woking	92	2.45	22	0.59	22	0.59	1	0.03	42	1.12
Total	2,058	2.20	856	0.92	456	0.49	88	0.09	1,311	1.40
RURAL										
1 Bagshot	22	2.00	15	1.36	4	0.36	—	—	16	1.46
2 Dorking and Horley	34	1.74	23	1.18	17	0.87	4	0.20	33	1.69
3 Godstone	78	2.95	17	0.64	11	0.42	—	—	40	1.51
4 Guildford	105	3.32	32	1.01	8	0.25	1	0.03	46	1.46
5 Hambledon	72	2.86	23	0.91	12	0.48	3	0.12	46	1.83
Total	311	2.74	110	0.97	52	0.46	8	0.07	181	1.59
Administrative County	2,369	2.26	966	0.92	508	0.48	96	0.09	1,492	1.42

(b) Infant Mortality.

The number of deaths under one year during 1934 was 596, which is an increase of 49 over the previous year. An analysis of the causes of these deaths is included in the table on page 12A. The infant mortality rate for Surrey was 43.24 as compared with 42.20 for the year 1933. The comparable figure for England and Wales for 1934 was 59 as compared with 64 for 1933. The number of deaths under twelve months and the infant mortality rate for each sanitary district and for the Administrative County are shown in the following table :—

DISTRICTS.		1934.		
		Number of deaths.	Net rate per 1,000 births.	Number of births.
Urban.				
1. Banstead	...	13	41.94	310
2. Barnes (M.B.)	...	25	70.22	356
3. Beddington and Wallington	...	12	35.19	341
4. Carshalton	...	34	53.88	631
5. Caterham and Warlingham	...	19	53.37	356
6. Chertsey	...	12	44.28	271
7. Coulsdon and Purley	...	14	25.59	547
8. Dorking	...	3	14.15	212
9. Egham	...	12	53.57	224
10. Epsom and Ewell	...	23	41.97	548
11. Esher	...	11	24.83	443
12. Farnham	...	11	45.64	241
13. Frimley and Camberley	...	3	12.45	241
14. Godalming (M.B.)	...	6	30.61	196
15. Guildford (M.B.)	...	14	27.51	509
16. Haslemere	...	2	23.53	85
17. Kingston-on-Thames (M.B.)	...	21	44.68	470
18. Leatherhead	...	13	51.79	251
19. Maldens and Coombe	...	20	53.19	376
20. Merton and Morden	...	41	53.25	770
21. Mitcham (M.B.)	...	49	51.69	948
22. Reigate (M.B.)	...	17	38.81	438
23. Richmond (M.B.)	...	22	54.59	403
24. Surbiton	...	17	27.78	612
25. Sutton and Cheam (M.B.)	...	39	38.65	1,009
26. Walton and Weybridge	...	16	46.65	343
27. Wimbledon (M.B.)	...	32	54.24	590
28. Woking	...	16	31.75	504
Total	...	517	42.29	12,225
Rural.				
1. Bagshot	...	9	55.21	163
2. Dorking and Horley	...	19	66.20	287
3. Godstone	...	16	47.06	340
4. Guildford	...	22	45.45	484
5. Hambledon	...	13	45.45	286
Total	...	79	50.64	1,560
Administrative County	...	596	43.24	13,785

The infant mortality rate for the County for each of the years 1889 to 1934 is shown in the form of a graph on page 13B.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1934.

AGGREGATE OF URBAN DISTRICTS.

AGGREGATE OF RURAL DISTRICTS.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.											
		All Ages	0—1	1—2	5—15	25—35	45—55	65—75	All Ages	0—1	1—2	5—15	25—35	45—55	65—75	All Ages	0—1	1—2	5—15	25—35	45—55	65—75	
ALL CAUSES ...	M	4406	285	52	61	114	140	187	255	493	819	1027	973	662	44	8	10	12	15	26	29	48	
	F	4618	232	42	61	109	132	199	270	392	706	992	1483	617	35	5	9	11	14	17	27	65	
1. Typhoid and paratyphoid fevers ...	M	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Measles ...	M	28	1	13	10	4	—	—	—	—	—	—	5	1	1	1	1	1	3	—	—	—	
3. Scarlet fever ...	M	4	—	1	2	1	2	—	—	—	—	—	2	—	2	—	—	2	—	—	—	—	
4. Whooping cough ...	M	13	7	4	2	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	
5. Diphtheria ...	M	26	1	8	15	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
	F	29	1	—	10	13	1	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
6. Influenza ...	M	65	—	—	1	1	3	7	11	13	13	14	—	—	—	—	—	—	—	2	3	3	
	F	60	—	—	1	1	—	3	4	5	21	15	10	14	—	—	—	—	—	2	5	5	
7. Encephalitis lethargica ...	M	5	—	—	—	1	—	1	—	1	—	1	2	—	2	—	—	—	—	—	—	—	
	F	6	—	—	—	1	—	1	—	1	—	1	2	—	2	—	—	—	—	—	—	—	
8. Cerebro-spinal fever ...	M	7	3	—	1	2	—	1	—	—	—	—	2	1	—	—	1	—	—	—	—	—	—
	F	3	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of respiratory system ...	M	264	1	—	2	28	55	63	45	12	3	31	—	—	—	2	7	6	6	8	2	1	—
	F	192	—	—	1	4	46	50	36	26	17	8	4	21	—	—	3	4	3	7	3	1	—
10. Other tuberculous diseases ...	M	47	—	5	3	8	6	8	4	9	1	2	6	—	1	1	—	—	—	—	1	1	—
	F	41	5	6	9	5	5	3	1	—	5	1	2	25	16	10	—	—	—	—	—	—	—
11. Syphilis ...	M	20	1	—	—	—	1	—	1	1	6	7	2	2	1	—	—	—	—	—	—	—	—
	F	8	2	—	—	—	—	—	—	—	1	2	2	—	—	—	—	—	—	—	—	—	—
12. General paralysis of the insane, tabes dorsalis ...	M	20	—	—	—	—	1	—	1	—	7	10	1	—	2	—	—	—	—	—	—	1	—
	F	7	—	—	—	—	—	—	—	—	2	3	—	—	1	—	—	—	—	—	—	—	—
13. Cancer, malignant ...	M	538	1	—	1	—	2	—	4	11	24	72	151	181	93	84	—	—	—	—	1	1	—
	F	773	—	—	—	—	—	3	18	56	127	206	194	165	97	—	—	—	—	—	—	—	—
14. Diabetes ...	M	37	—	—	1	2	—	—	—	3	8	14	9	5	9	—	—	—	—	—	—	—	—
	F	69	—	—	1	—	—	—	—	2	2	22	25	16	10	—	—	—	—	—	—	—	—
15. Cerebral haemorrhage, etc.	M	162	—	—	—	—	—	—	3	12	35	60	52	23	—	—	—	—	—	—	—	1	10
	F	273	—	—	—	—	—	2	7	14	47	79	124	39	—	—	—	—	—	—	—	2	6
16. Heart disease ...	M	984	1	—	1	6	8	11	24	86	174	338	335	164	—	—	1	1	3	3	10	24	77
	F	1074	—	—	1	8	9	19	29	55	126	310	518	147	—	—	1	1	2	1	11	16	51
17. Aneurysm ...	M	25	—	—	—	—	—	—	1	—	2	1	3	2	2	—	—	—	—	—	2	1	—
	F	9	—	—	—	—	—	—	—	2	1	3	2	2	—	—	—	—	—	—	—	2	4
18. Other circulatory diseases ...	M	226	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	269	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Bronchitis ...	M	128	7	1	—	2	1	—	1	4	13	30	56	22	1	1	—	—	—	—	—	4	10
	F	117	4	1	1	2	—	1	1	3	9	24	71	19	1	1	—	—	—	—	—	3	5
20. Pneumonia (all forms)	M	273	34	16	9	3	11	10	26	36	45	48	35	34	3	1	—	2	3	1	1	4	9
	F	256	29	9	8	13	7	12	17	15	26	53	67	22	5	2	1	1	1	1	1	5	4
21. Other respiratory diseases ...	M	38	2	—	3	—	2	3	6	5	3	9	11	5	6	7	—	—	—	—	—	1	1
	F	44	—	1	—	2	—	3	6	—	2	6	23	17	12	10	3	—	—	—	—	1	4
22. Peptic ulcer ...	M	70	—	—	—	—	—	—	1	1	2	3	10	2	3	—	—	—	—	—	—	—	—
	F	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Diarrhoea, etc. ...	M	28	20	—	1	—	—	2	1	2	1	2	4	—	6	5	1	—	—	—	—	—	—
	F	32																					

CHARGE OF DIFFERENTIAL BENTONITE ON THE FIBRE

TABLE II
CHARGE OF DIFFERENTIAL BENTONITE ON THE FIBRE

TABLE II gives the results of the experiments on the charge of differential bentonite on the fibre.

No.	Fibre	Dose of bentonite	Dose of water	Dose of NaCl	Dose of Na₂SO₄	Dose of CaCl₂	Dose of MgCl₂	Dose of KCl	Dose of Na₃PO₄	Dose of Ca₃(PO₄)₂	Dose of Mg₃(PO₄)₂	Dose of K₃PO₄	Dose of Na₂HPO₄	Dose of CaHPO₄	Dose of MgHPO₄	Dose of K₂HPO₄	Dose of Na₂CO₃	Dose of CaCO₃	Dose of MgCO₃	Dose of K₂CO₃	Dose of Na₃SiO₃	Dose of Ca₃SiO₅	Dose of Mg₃SiO₅	Dose of K₃SiO₅	Dose of Na₂SiO₃	Dose of CaSiO₃	Dose of MgSiO₃	Dose of KSiO₃	Dose of Na₂Si₂O₅	Dose of Ca₂Si₂O₅	Dose of Mg₂Si₂O₅	Dose of K₂Si₂O₅	Dose of Na₂Si₃O₅	Dose of Ca₃Si₃O₅	Dose of Mg₃Si₃O₅	Dose of K₃Si₃O₅	Dose of Na₂Si₄O₅	Dose of Ca₄Si₄O₅	Dose of Mg₄Si₄O₅	Dose of K₄Si₄O₅	Dose of Na₂Si₅O₅	Dose of Ca₅Si₅O₅	Dose of Mg₅Si₅O₅	Dose of K₅Si₅O₅	Dose of Na₂Si₆O₅	Dose of Ca₆Si₆O₅	Dose of Mg₆Si₆O₅	Dose of K₆Si₆O₅	Dose of Na₂Si₇O₅	Dose of Ca₇Si₇O₅	Dose of Mg₇Si₇O₅	Dose of K₇Si₇O₅	Dose of Na₂Si₈O₅	Dose of Ca₈Si₈O₅	Dose of Mg₈Si₈O₅	Dose of K₈Si₈O₅	Dose of Na₂Si₉O₅	Dose of Ca₉Si₉O₅	Dose of Mg₉Si₉O₅	Dose of K₉Si₉O₅	Dose of Na₂Si₁₀O₅	Dose of Ca₁₀Si₁₀O₅	Dose of Mg₁₀Si₁₀O₅	Dose of K₁₀Si₁₀O₅	Dose of Na₂Si₁₁O₅	Dose of Ca₁₁Si₁₁O₅	Dose of Mg₁₁Si₁₁O₅	Dose of K₁₁Si₁₁O₅	Dose of Na₂Si₁₂O₅	Dose of Ca₁₂Si₁₂O₅	Dose of Mg₁₂Si₁₂O₅	Dose of K₁₂Si₁₂O₅	Dose of Na₂Si₁₃O₅	Dose of Ca₁₃Si₁₃O₅	Dose of Mg₁₃Si₁₃O₅	Dose of K₁₃Si₁₃O₅	Dose of Na₂Si₁₄O₅	Dose of Ca₁₄Si₁₄O₅	Dose of Mg₁₄Si₁₄O₅	Dose of K₁₄Si₁₄O₅	Dose of Na₂Si₁₅O₅	Dose of Ca₁₅Si₁₅O₅	Dose of Mg₁₅Si₁₅O₅	Dose of K₁₅Si₁₅O₅	Dose of Na₂Si₁₆O₅	Dose of Ca₁₆Si₁₆O₅	Dose of Mg₁₆Si₁₆O₅	Dose of K₁₆Si₁₆O₅	Dose of Na₂Si₁₇O₅	Dose of Ca₁₇Si₁₇O₅	Dose of Mg₁₇Si₁₇O₅	Dose of K₁₇Si₁₇O₅	Dose of Na₂Si₁₈O₅	Dose of Ca₁₈Si₁₈O₅	Dose of Mg₁₈Si₁₈O₅	Dose of K₁₈Si₁₈O₅	Dose of Na₂Si₁₉O₅	Dose of Ca₁₉Si₁₉O₅	Dose of Mg₁₉Si₁₉O₅	Dose of K₁₉Si₁₉O₅	Dose of Na₂Si₂₀O₅	Dose of Ca₂₀Si₂₀O₅	Dose of Mg₂₀Si₂₀O₅	Dose of K₂₀Si₂₀O₅	Dose of Na₂Si₂₁O₅	Dose of Ca₂₁Si₂₁O₅	Dose of Mg₂₁Si₂₁O₅	Dose of K₂₁Si₂₁O₅	Dose of Na₂Si₂₂O₅	Dose of Ca₂₂Si₂₂O₅	Dose of Mg₂₂Si₂₂O₅	Dose of K₂₂Si₂₂O₅	Dose of Na₂Si₂₃O₅	Dose of Ca₂₃Si₂₃O₅	Dose of Mg₂₃Si₂₃O₅	Dose of K₂₃Si₂₃O₅	Dose of Na₂Si₂₄O₅	Dose of Ca₂₄Si₂₄O₅	Dose of Mg₂₄Si₂₄O₅	Dose of K₂₄Si₂₄O₅	Dose of Na₂Si₂₅O₅	Dose of Ca₂₅Si₂₅O₅	Dose of Mg₂₅Si₂₅O₅	Dose of K₂₅Si₂₅O₅	Dose of Na₂Si₂₆O₅	Dose of Ca₂₆Si₂₆O₅	Dose of Mg₂₆Si₂₆O₅	Dose of K₂₆Si₂₆O₅	Dose of Na₂Si₂₇O₅	Dose of Ca₂₇Si₂₇O₅	Dose of Mg₂₇Si₂₇O₅	Dose of K₂₇Si₂₇O₅	Dose of Na₂Si₂₈O₅	Dose of Ca₂₈Si₂₈O₅	Dose of Mg₂₈Si₂₈O₅	Dose of K₂₈Si₂₈O₅	Dose of Na₂Si₂₉O₅	Dose of Ca₂₉Si₂₉O₅	Dose of Mg₂₉Si₂₉O₅	Dose of K₂₉Si₂₉O₅	Dose of Na₂Si₃₀O₅	Dose of Ca₃₀Si₃₀O₅	Dose of Mg₃₀Si₃₀O₅	Dose of K₃₀Si₃₀O₅	Dose of Na₂Si₃₁O₅	Dose of Ca₃₁Si₃₁O₅	Dose of Mg₃₁Si₃₁O₅	Dose of K₃₁Si₃₁O₅	Dose of Na₂Si₃₂O₅	Dose of Ca₃₂Si₃₂O₅	Dose of Mg₃₂Si₃₂O₅	Dose of K₃₂Si₃₂O₅	Dose of Na₂Si₃₃O₅	Dose of Ca₃₃Si₃₃O₅	Dose of Mg₃₃Si₃₃O₅	Dose of K₃₃Si₃₃O₅	Dose of Na₂Si₃₄O₅	Dose of Ca₃₄Si₃₄O₅	Dose of Mg₃₄Si₃₄O₅	Dose of K₃₄Si₃₄O₅	Dose of Na₂Si₃₅O₅	Dose of Ca₃₅Si₃₅O₅	Dose of Mg₃₅Si₃₅O₅	Dose of K₃₅Si₃₅O₅	Dose of Na₂Si₃₆O₅	Dose of Ca₃₆Si₃₆O₅	Dose of Mg₃₆Si₃₆O₅	Dose of K₃₆Si₃₆O₅	Dose of Na₂Si₃₇O₅	Dose of Ca₃₇Si₃₇O₅	Dose of Mg₃₇Si₃₇O₅	Dose of K₃₇Si₃₇O₅	Dose of Na₂Si₃₈O₅	Dose of Ca₃₈Si₃₈O₅	Dose of Mg₃₈Si₃₈O₅	Dose of K₃₈Si₃₈O₅	Dose of Na₂Si₃₉O₅	Dose of Ca₃₉Si₃₉O₅	Dose of Mg₃₉Si₃₉O₅	Dose of K₃₉Si₃₉O₅	Dose of Na₂Si₄₀O₅	Dose of Ca₄₀Si₄₀O₅	Dose of Mg₄₀Si₄₀O₅	Dose of K₄₀Si₄₀O₅	Dose of Na₂Si₄₁O₅	Dose of Ca₄₁Si₄₁O₅	Dose of Mg₄₁Si₄₁O₅	Dose of K₄₁Si₄₁O₅	Dose of Na₂Si₄₂O₅	Dose of Ca₄₂Si₄₂O₅	Dose of Mg₄₂Si₄₂O₅	Dose of K₄₂Si₄₂O₅	Dose of Na₂Si₄₃O₅	Dose of Ca₄₃Si₄₃O₅	Dose of Mg₄₃Si₄₃O₅	Dose of K₄₃Si₄₃O₅	Dose of Na₂Si₄₄O₅	Dose of Ca₄₄Si₄₄O₅	Dose of Mg₄₄Si₄₄O₅	Dose of K₄₄Si₄₄O₅	Dose of Na₂Si₄₅O₅	Dose of Ca₄₅Si₄₅O₅	Dose of Mg₄₅Si₄₅O₅	Dose of K₄₅Si₄₅O₅	Dose of Na₂Si₄₆O₅	Dose of Ca₄₆Si₄₆O₅	Dose of Mg₄₆Si₄₆O₅	Dose of K₄₆Si₄₆O₅	Dose of Na₂Si₄₇O₅	Dose of Ca₄₇Si₄₇O₅	Dose of Mg₄₇Si₄₇O₅	Dose of K₄₇Si₄₇O₅	Dose of Na₂Si₄₈O₅	Dose of Ca₄₈Si₄₈O₅	Dose of Mg₄₈Si₄₈O₅	Dose of K₄₈Si₄₈O₅	Dose of Na₂Si₄₉O₅	Dose of Ca₄₉Si₄₉O₅	Dose of Mg₄₉Si₄₉O₅	Dose of K₄₉Si₄₉O₅	Dose of Na₂Si₅₀O₅	Dose of Ca₅₀Si₅₀O₅	Dose of Mg₅₀Si₅₀O₅	Dose of K₅₀Si₅₀O₅	Dose of Na₂Si₅₁O₅	Dose of Ca₅₁Si₅₁O₅	Dose of Mg₅₁Si₅₁O₅	Dose of K₅₁Si₅₁O₅	Dose of Na₂Si₅₂O₅	Dose of Ca₅₂Si₅₂O₅	Dose of Mg₅₂Si₅₂O₅	Dose of K₅₂Si₅₂O₅	Dose of Na₂Si₅₃O₅	Dose of Ca₅₃Si₅₃O₅	Dose of Mg₅₃Si₅₃O₅	Dose of K₅₃Si₅₃O₅	Dose of Na₂Si₅₄O₅	Dose of Ca₅₄Si₅₄O₅	Dose of Mg₅₄Si₅₄O₅	Dose of K₅₄Si₅₄O₅	Dose of Na₂Si₅₅O₅	Dose of Ca₅₅Si₅₅O₅	Dose of Mg₅₅Si₅₅O₅	Dose of K₅₅Si₅₅O₅	Dose of Na₂Si₅₆O₅	Dose of Ca₅₆Si₅₆O₅	Dose of Mg₅₆Si₅₆O₅	Dose of K₅₆Si₅₆O₅	Dose of Na₂Si₅₇O₅	Dose of Ca₅₇Si₅₇O₅	Dose of Mg₅₇Si₅₇O₅	Dose of K₅₇Si₅₇O₅	Dose of Na₂Si₅₈O₅	Dose of Ca₅₈Si₅₈O₅	Dose of Mg₅₈Si₅₈O₅	Dose of K₅₈Si₅₈O₅	Dose of Na₂Si₅₉O₅	Dose of Ca₅₉Si₅₉O₅	Dose of Mg₅₉Si₅₉O₅	Dose of K₅₉Si₅₉O₅	Dose of Na₂Si₆₀O₅	Dose of Ca₆₀Si₆₀O₅	Dose of Mg₆₀Si₆₀O₅	Dose of K₆₀Si₆₀O₅	Dose of Na₂Si₆₁O₅	Dose of Ca₆₁Si₆₁O₅	Dose of Mg₆₁Si₆₁O₅	Dose of K₆₁Si₆₁O₅	Dose of Na₂Si₆₂O₅	Dose of Ca₆₂Si₆₂O₅	Dose of Mg₆₂Si₆₂O₅	Dose

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILLBIRTHS, AND DEATHS OF INFANTS UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR, 1934.

Causes of Death.	Banstead. U.D.	Barnes. M.B.	Beddington and Wallington U.D.	Carshalton U.D.	Caterham and Warling- ham U.D.	Chertsey. U.D.	Coulsdon and Purley U.D.	Dorking U.D.	Egham. U.D.	Epsom and Ewell U.D.	Esher U.D.	Farnham U.D.	Frimley and Camberley U.D.	Godalming M.B.	Guildford M.B.	Haslemere U.D.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES ...	75	71	220	233	127	124	154	175	115	97	101	106	189	166	91	92	97	96
1. Typhoid and paratyphoid fevers	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
2. Measles ...	—	1	—	1	—	—	3	2	—	1	2	—	1	—	—	1	—	1
3. Scarlet fever ...	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	1	—
4. Whooping cough ...	1	1	—	—	1	1	—	2	4	—	—	—	1	—	1	1	1	1
5. Diphtheria ...	—	—	—	—	1	1	—	—	—	—	—	—	1	2	1	1	1	—
6. Influenza ...	2	1	7	2	2	—	1	2	2	1	1	1	3	1	1	2	1	2
7. Encephalitis lethargica ...	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	1
8. Cerebro-spinal fever ...	—	—	1	1	—	—	1	—	—	—	1	—	—	—	—	—	1	—
9. Tuberculosis of respiratory system	4	3	10	8	3	4	11	6	1	2	3	1	10	4	2	1	5	2
10. Other tuberculous diseases	—	—	1	2	1	1	2	4	1	1	—	—	2	—	1	—	1	3
11. Syphilis ...	1	—	—	1	1	—	—	2	2	—	—	1	—	1	2	—	2	1
12. General paralysis of the insane, tabes dorsalis	—	—	—	1	—	—	2	2	—	—	1	1	—	—	1	—	—	1
13. Cancer, malignant disease...	7	8	29	49	22	18	17	32	12	16	15	14	25	44	10	21	14	16
14. Diabetes ...	1	—	1	6	1	3	—	1	2	3	2	3	2	—	2	1	3	1
15. Cerebral haemorrhage, etc.	3	3	6	13	5	8	5	7	7	7	—	5	5	9	3	1	8	7
16. Heart disease ...	17	7	43	42	25	42	34	41	21	27	20	33	42	30	19	18	24	23
17. Aneurysm ...	—	—	2	—	2	1	2	—	—	2	—	1	—	1	—	1	—	1
18. Other circulatory diseases...	6	9	8	14	8	6	4	5	4	5	5	7	9	14	17	18	7	4
19. Bronchitis ...	1	—	6	7	1	—	—	2	1	5	2	4	7	3	3	7	4	6
20. Pneumonia (all forms) ...	4	6	10	10	5	3	18	14	10	7	7	3	9	9	3	4	10	10
21. Other respiratory diseases...	1	—	4	1	1	3	4	1	—	—	1	—	3	2	—	—	3	1
22. Peptic ulcer ...	1	2	1	—	2	1	2	2	4	1	4	—	2	1	2	1	4	3
23. Diarrhoea, etc. (under 2 years)	—	—	1	2	—	—	1	1	2	—	—	1	—	—	—	1	1	—
24. Appendicitis ...	1	—	3	4	—	1	1	1	—	—	1	—	2	1	—	2	2	1
25. Cirrhosis of liver ...	1	—	5	1	—	1	—	—	2	2	1	2	—	1	1	—	1	—
26. Other diseases of liver, etc.	—	1	—	1	—	4	—	1	—	—	1	1	—	1	1	2	1	—
27. Other digestive diseases ...	4	—	8	6	1	4	4	2	4	2	2	1	8	3	3	2	4	2
28. Acute and chronic nephritis ...	5	2	8	14	7	3	7	5	1	2	3	5	3	2	4	5	3	2
29. Puerperal sepsis ...	—	—	1	—	—	—	2	—	—	—	—	1	—	—	—	—	—	—
30. Other puerperal causes ...	—	2	—	—	—	1	—	1	—	—	2	—	1	—	—	—	2	—
31. Congenital debility, premature birth, malformations, etc.	4	4	5	2	8	1	9	11	11	1	4	4	6	4	1	3	3	4
32. Senility ...	1	5	9	11	1	2	1	2	2	1	2	4	4	1	5	3	2	6
33. Suicide ...	1	1	8	2	4	2	2	1	1	—	1	3	3	1	3	4	1	1
34. Other violence ...	4	6	18	10	8	2	9	4	9	2	6	2	10	5	1	3	5	6
35. Other defined diseases ...	5	8	26	18	17	13	11	11	10	14	8	32	17	13	6	5	10	14
36. Causes ill-defined or unknown	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Special Causes (included in No. 35 above)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year	Total ...	7	6	14	11	8	4	17	17	16	3	5	7	9	5	2	1	6
LIVE BIRTHS ...	Legitimate	7	5	9	5	8	4	15	17	16	3	5	7	9	5	2	1	5
	Illegitimate	—	1	5	6	—	—	2	—	—	—	—	—	—	—	—	—	1
STILLBIRTHS ...	Total ...	154	156	193	163	190	151	314	317	173	183	128	143	281	266	96	116	107
	Legitimate	152	153	187	151	182	146	311	310	166	174	121	139	275	263	92	112	103
	Illegitimate	2	3	6	12	8	5	3	7	7	5	9	7	4	6	4	4	6

1969-1970 ДИАГНОСТИЧЕСКАЯ КОМПЕТЕНТНОСТЬ ПОДРОДОВЫХ УЧАЩИХСЯЩИХ

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILLBIRTHS, AND DEATHS OF INFANTS
UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR 1934.

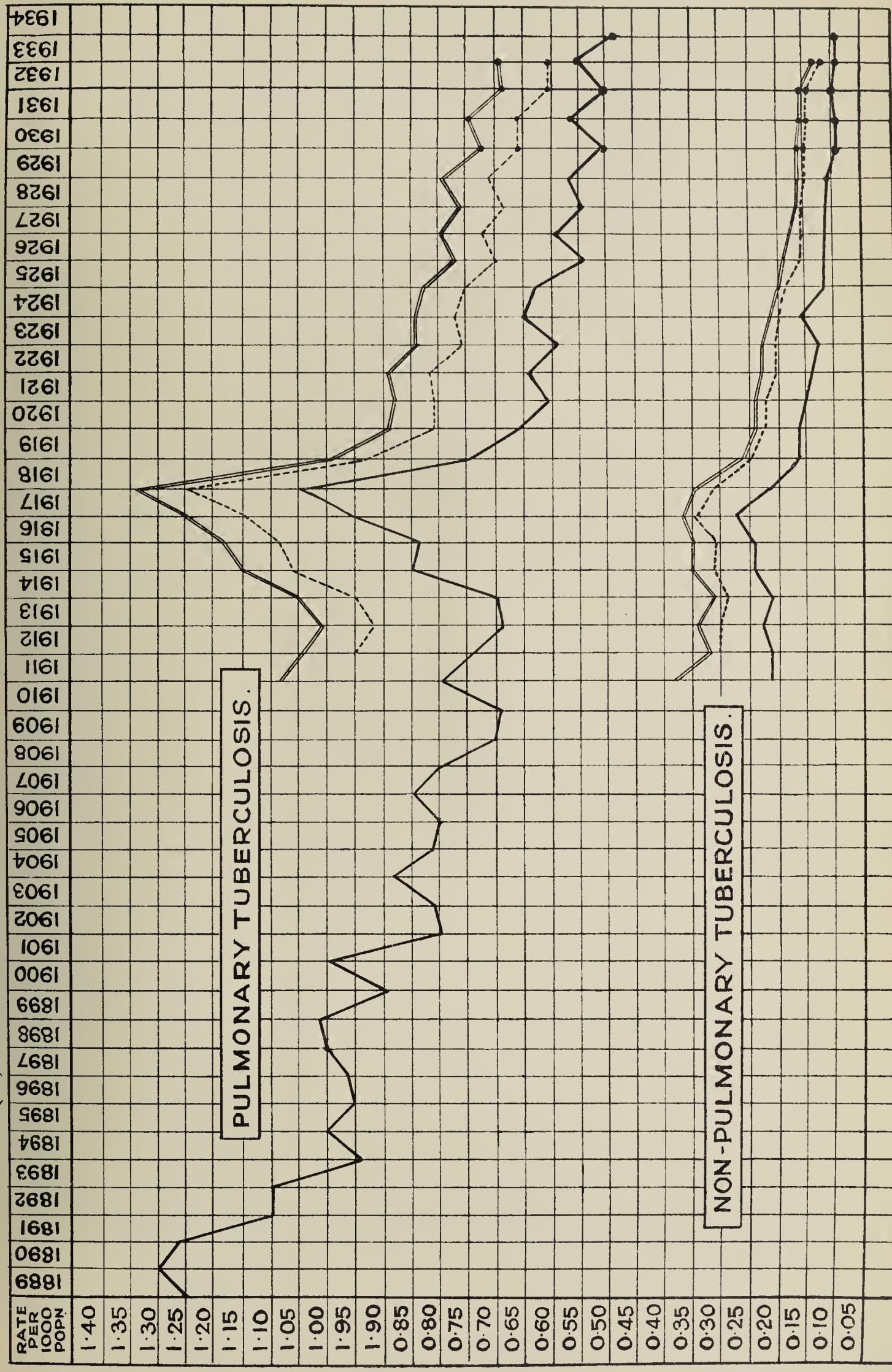
	Kingston-on-Thames M.B.		Leatherhead U.D.		The Maldens and Coombe U.D.		Merton and Morden U.D.		Mitcham M.B.		Reigate M.B.		Richmond M.B.		Surbiton U.D.		Sutton and Cheam M.B.		Walton and Weybridge U.D.		Wimbledon M.B.		Woking U.D.		Aggregate of U.D.'s			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Causes of Death.																												
ALL CAUSES	212	210	82	89	130	131	261	223	265	289	196	213	218	290	189	166	283	281	128	154	284	389	176	171	4406	4618		
1. Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2
2. Measles	4	1	—	—	—	1	—	3	3	7	4	—	1	—	—	—	1	1	1	1	—	2	1	—	—	28	17	
3. Scarlet fever	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	1	1	—	1	1	—	—	4	7	
4. Whooping cough	—	1	—	—	—	—	1	—	1	2	1	1	1	—	—	—	2	1	—	2	2	1	—	—	—	13	18	
5. Diphtheria	3	1	—	1	—	1	3	5	4	6	—	2	2	2	1	2	1	1	1	1	—	4	1	—	—	26	29	
6. Influenza	3	—	—	—	—	1	—	5	2	4	3	—	2	4	8	4	1	2	7	3	4	3	1	5	—	65	60	
7. Encephalitis lethargica	—	—	—	—	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	5	6	
8. Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	3	
9. Tuberculosis of respiratory system	23	13	4	3	8	4	26	19	20	21	10	4	10	11	16	6	23	12	5	1	18	17	11	11	264	192		
10. Other tuberculous diseases	—	4	—	—	2	—	3	3	6	3	3	1	2	1	1	1	4	3	3	1	4	6	—	1	47	41		
11. Syphilis	1	—	1	—	—	—	1	—	1	2	2	—	1	—	1	1	1	—	—	—	—	—	—	—	—	20	8	
12. General paralysis of the insane, tabes dorsalis	4	—	—	—	—	—	4	—	—	—	1	—	1	1	2	—	—	—	—	1	2	—	1	—	—	20	7	
13. Cancer, malignant disease...	22	40	8	15	11	29	30	36	29	41	26	47	30	58	20	13	40	54	15	20	36	56	16	26	538	773		
14. Diabetes	1	2	1	2	2	1	—	3	—	5	2	6	2	1	5	—	2	5	1	4	3	5	1	2	37	69		
15. Cerebral haemorrhage, etc.	7	19	3	3	4	4	8	10	11	7	17	23	10	16	5	5	9	14	4	7	10	34	8	7	162	273		
16. Heart disease	44	45	17	18	27	34	47	42	37	79	52	44	44	61	42	44	83	66	23	30	75	91	54	38	984	1074		
17. Aneurysm	1	—	1	—	1	—	2	—	1	—	—	—	2	—	—	1	—	—	—	4	1	—	1	25	9			
18. Other circulatory diseases...	6	4	5	6	4	6	6	8	7	13	13	12	18	24	9	13	13	11	10	11	12	22	8	14	226	269		
19. Bronchitis	9	8	5	4	3	4	5	2	10	8	5	4	8	4	6	4	8	8	6	7	9	14	1	—	128	117		
20. Pneumonia (all forms) ...	16	8	6	10	11	6	20	18	21	23	6	9	11	15	11	17	18	15	4	3	19	23	9	11	273	256		
21. Other respiratory diseases...	—	2	—	—	1	2	2	2	1	5	1	—	3	7	1	2	2	3	1	2	5	2	—	1	38	44		
22. Peptic ulcer	4	—	1	1	2	—	4	—	1	—	2	8	2	2	1	—	1	1	—	5	4	1	—	70	20			
23. Diarrhoea, etc. (under 2 years)	—	2	1	—	1	—	1	2	6	2	1	—	1	2	—	1	—	—	—	2	1	—	—	20	16			
24. Appendicitis	5	1	2	—	2	—	1	2	1	3	2	1	4	1	2	—	5	3	6	2	2	3	1	53	30			
25. Cirrhosis of liver	—	—	—	1	—	—	—	—	3	1	2	1	—	1	3	—	—	—	1	2	—	1	—	24	18			
26. Other diseases of liver, etc.	—	1	—	—	—	2	1	3	1	3	—	3	1	2	—	3	2	4	—	—	1	2	—	2	18	40		
27. Other digestive diseases ...	6	7	5	2	6	6	6	11	9	1	2	7	4	15	4	3	6	15	3	6	11	6	4	2	126	129		
28. Acute and chronic nephritis	11	6	1	—	1	6	7	7	5	7	3	1	7	9	7	2	5	8	6	7	6	11	12	4	138	140		
29. Puerperal sepsis	—	—	—	—	2	—	2	—	—	—	2	—	1	—	1	—	—	—	—	—	—	2	—	—	20			
30. Other puerperal causes ...	—	2	—	—	—	1	—	2	—	2	—	—	—	—	3	—	—	—	2	—	1	—	3	—	30			
31. Congenital debility, premature birth, malformations, etc.	8	4	3	5	8	5	16	12	18	10	7	3	—	8	6	8	16	7	3	6	5	9	6	6	170	138		
32. Senility	5	17	4	3	2	1	10	6	5	9	10	17	4	6	8	9	1	10	6	17	6	21	2	5	104	193		
33. Suicide	2	—	1	2	1	—	2	2	4	4	2	—	8	1	2	3	1	6	6	2	3	2	6	5	69	47		
34. Other violence	10	6	4	4	10	4	19	6	22	7	10	6	7	11	13	4	14	10	8	5	11	17	7	4	246	145		
35. Other defined diseases																												

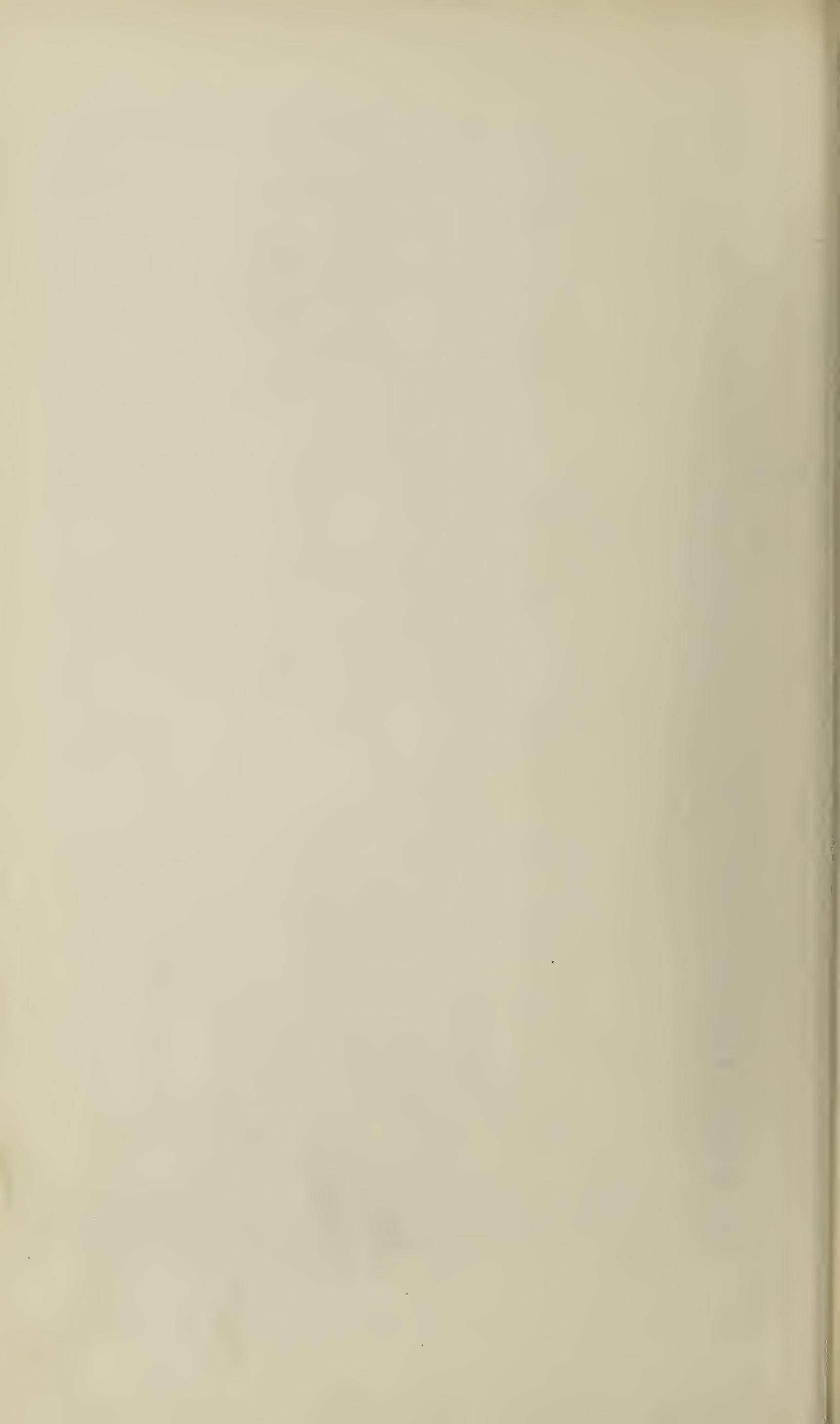
INTAKE & VENTILATION DURING EXERCISE
IN MARY AND SALLY

TUBERCULOSIS

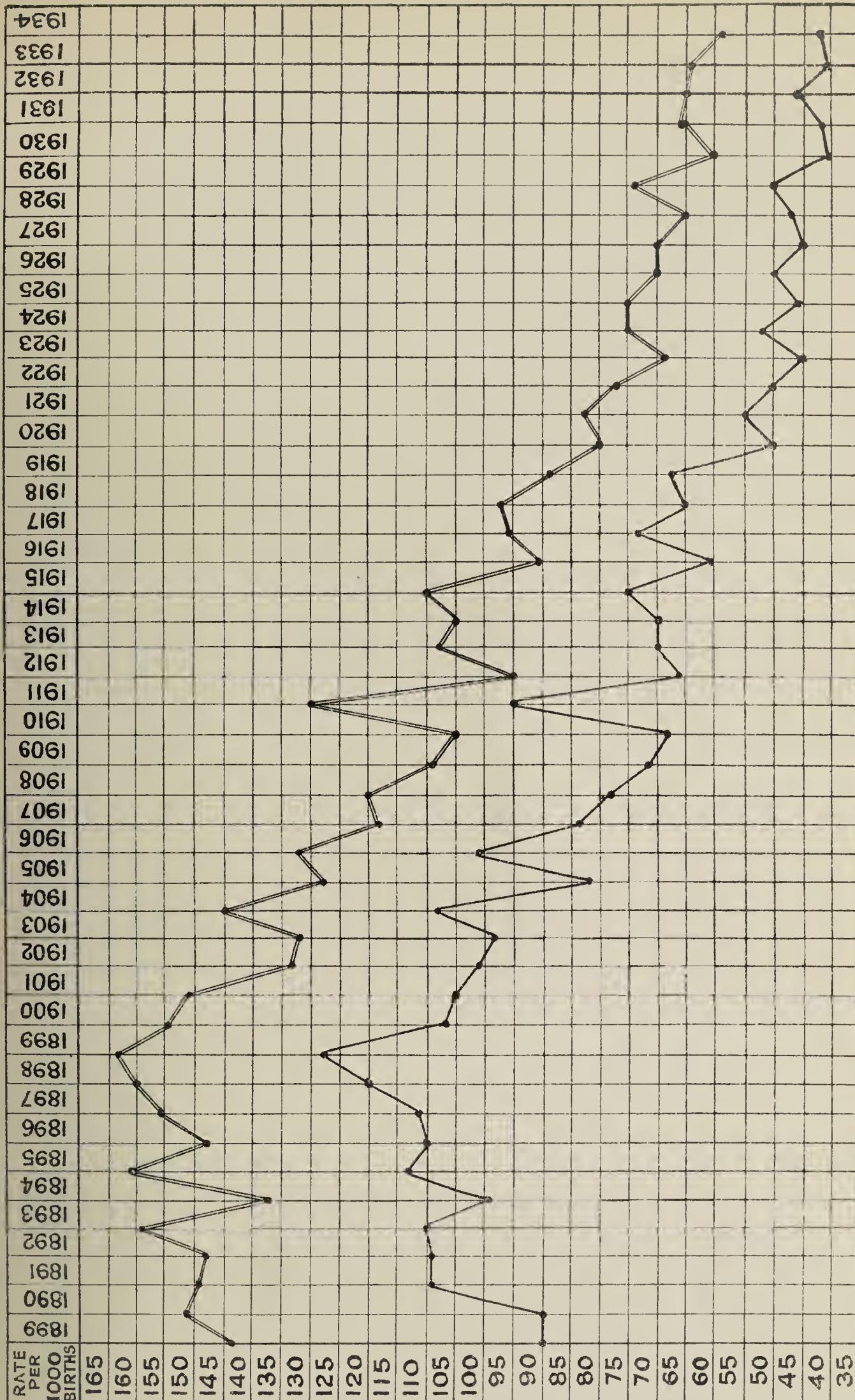
Graph shewing death rates from Pulmonary and Non-Pulmonary Tuberculosis (per 1000 of population) in :-

(a) England and Wales 1911 - 1933
 (b) All Counties 1911 - 1933
 (c) COUNTY OF SURREY 1899 - 1934





Graph showing the infant mortality rate (per 1000 registered births) in the Administrative County in each of the years 1889-1934.



England & Wales —

Surrey —

ADMINISTRATIVE COUNTY OF SURREY.

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILL BIRTHS, AND DEATHS OF INFANTS UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR 1934.

Causes of Death.	Bagshot R.D.		Dorking and Horley R.D.		Godstone R.D.		Guildford R.D.		Hambledon R.D.		Aggregate of R.D.'s		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
ALL CAUSES	59	74	123	115	151	121	182	168	147	139	662	617	
1. Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—	—	—	
2. Measles	1	—	1	—	1	—	2	3	—	—	5	3	
3. Scarlet fever	1	2	—	—	—	—	1	1	—	—	2	3	
4. Whooping cough ...	1	—	—	—	—	—	—	—	—	2	1	2	
5. Diphtheria	—	1	—	—	—	—	—	1	—	—	—	2	
6. Influenza	2	2	6	7	1	2	2	1	2	2	13	14	
7. Encephalitis lethargica ...	—	1	—	—	—	—	—	—	—	1	—	2	
8. Cerebro-spinal fever ...	1	—	—	—	—	—	—	—	1	—	2	—	
9. Tuberculosis of respiratory system	3	1	11	6	6	5	3	5	8	4	31	21	
10. Other tuberculous diseases	—	—	3	1	—	—	1	—	2	1	6	2	
11. Syphilis	—	—	—	—	—	1	1	1	—	—	1	2	
12. General paralysis of the insane, tabes dorsalis	—	—	—	—	2	—	—	—	—	1	2	1	
13. Cancer, malignant disease...	7	9	12	21	19	21	27	19	19	27	84	97	
14. Diabetes	—	1	—	3	2	1	1	3	2	2	5	10	
15. Cerebral haemorrhage, etc.	5	6	3	7	6	10	5	7	4	9	23	39	
16. Heart disease	7	15	19	15	43	35	57	48	38	34	164	147	
17. Aneurysm	1	—	—	—	2	—	3	1	—	1	6	2	
18. Other circulatory diseases...	2	3	12	12	10	9	6	10	13	7	43	41	
19. Bronchitis	2	2	6	3	4	2	5	5	5	7	22	19	
20. Pneumonia (all forms) ...	5	5	8	4	5	2	11	8	5	3	34	22	
21. Other respiratory diseases...	—	1	2	—	3	1	—	3	2	1	7	6	
22. Peptic ulcer	—	2	3	—	5	—	3	—	1	1	12	3	
23. Diarrhoea, etc. (under 2 years)	1	—	2	1	1	—	1	—	1	—	6	1	
24. Appendicitis	1	1	1	1	—	—	3	—	1	—	6	2	
25. Cirrhosis of liver ...	—	—	1	—	1	2	—	—	1	—	3	2	
26. Other diseases of liver, etc.	—	—	—	—	1	1	—	5	—	1	1	7	
27. Other digestive diseases ...	3	2	1	3	—	4	3	4	6	8	13	21	
28. Acute and chronic nephritis	2	7	1	2	4	5	11	6	2	6	20	26	
29. Puerperal sepsis	—	1	—	—	—	—	—	1	—	—	—	2	
30. Other puerperal causes ...	—	—	—	1	—	1	—	1	—	1	—	4	
31. Congenital debility, premature birth, malformations, etc.	3	1	8	6	5	6	6	7	6	2	28	22	
32. Senility	1	3	3	8	2	4	3	6	3	2	12	23	
33. Suicide	—	—	—	1	—	—	3	3	6	1	9	5	
34. Other violence	5	4	6	2	11	2	8	4	9	1	39	13	
35. Other defined diseases ...	5	4	14	11	17	7	16	14	10	14	62	50	
36. Causes ill-defined or unknown	—	—	—	—	—	—	—	1	—	—	—	1	
Special Causes (included in No. 35 above)	—	—	—	—	—	—	—	—	—	—	—	—	
Leprosy	—	—	—	—	1	—	—	—	—	—	1	—	
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	
Polioencephalitis	—	—	—	—	—	—	—	—	—	1	—	1	
Deaths of Infants under 1 year	Total ...	7	2	11	8	7	9	11	11	8	5	44	35
Legitimate		7	1	11	6	6	9	10	11	8	5	42	32
Illegitimate	—	1	—	2	1	—	1	—	—	—	2	3	—
LIVE BIRTHS ...	Total ...	83	80	152	135	169	171	237	247	131	155	772	788
Legitimate		79	72	143	125	160	165	223	235	127	147	732	744
Illegitimate	4	8	9	10	9	6	14	12	4	8	40	44	—
STILLBIRTHS ...	Total ...	2	4	5	2	7	3	4	6	11	4	29	19
Legitimate		2	4	4	2	7	3	4	4	8	4	25	17
Illegitimate	—	—	1	—	—	—	—	2	3	—	4	2	—

MATERNITY AND CHILD WELFARE.

(1) AREA.

The County Council is responsible for Maternity and Child Welfare throughout the whole of the Administrative County excepting the municipal boroughs of Barnes, Guildford, Kingston, Mitcham, Reigate, Richmond and Wimbledon, and the urban districts of Beddington and Wallington, Carshalton, Coulsdon and Purley and Merton and Morden.

The following table gives the 1931 census population of the Council's Maternity and Child Welfare area, and that of the autonomous areas, and also the Registrar-General's estimate for mid-year 1934 :—

	Census, 1931.	Registrar-General's estimated population (mid-year 1934).
County Council's area—22 Districts (2 borough, 15 urban districts and 5 rural districts)	505,122	569,000
Autonomous areas—11 Districts (7 boroughs and 4 urban districts)	442,648	478,750
	947,770	1,047,750

(2) POPULATION AND NUMBER OF BIRTHS.

The Registrar-General's mid-year estimates of population of the elementary education area, and of the maternity and child welfare area of the County respectively are :—

Elementary Education	840,060
Maternity and Child Welfare	569,000

The population and the number of births registered in the County Council's Maternity and Child Welfare area during the past five years are shown in the following table :—

Year.	Population.	Number of registered births.
1930	495,900	7,136
1931	513,280	7,243
1932	537,410	7,525
1933	545,604	7,266
1934	569,000	7,782

(3) NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915, COUNTY OF SURREY (NOTIFICATION OF BIRTHS) ORDER, 1922.

The County Council was made the authority responsible for the administration of the Notification of Births Acts in its Maternity and Child Welfare area by the above Order. The obligation to notify a birth is placed by these Acts upon either the father of the child, if he is residing in the house at the time of the birth, or upon any person in attendance on the mother.

During the year 7,782 live births (7,451 legitimate, 331 illegitimate) and 272 still-births (254 legitimate, 18 illegitimate) were registered in the Maternity and Child Welfare area, and notifications were received in respect of 6,884 of these (6,696 live births, and 188 still-births). Of the 6,696 live births, 4,170 were notified by midwives and 2,526 by doctors and parents. Of the 188 still-births, 103 were notified by midwives and 85 by doctors and parents.

At the end of each week a list of births notified as occurring in his district is sent to the Registrar of Births and Deaths and he is asked to inform the County Medical Officer of any birth which has been registered but not notified. A letter is sent to the father of the child where notification has not been made calling his attention to the Acts, and asking him to give the name of the doctor or the midwife who attended at the birth. The attention of the doctor or the midwife concerned is then drawn to the requirements of the Notification of Births Acts.

Amongst the reasons offered for failing to notify are : ignorance of the law (invariably the plea of the father), or the belief that the birth had been or would be notified by some other person.

Of the 7,782 births registered during the year, 6,884 births were notified to the County Medical Officer, leaving 898 births unnotified. Particulars were received from the Registrars of 369 births which were registered but unnotified ; the remaining births (529) are largely those occurring outside the area of the maternity and child welfare portion of the County, but properly belonging thereto.

These should be disregarded when calculating the percentage of births notified to those registered, as they occurred outside the area to which the County of Surrey (Notification of Births) Order, 1922, applies.

(4) CENTRES.

The County Council has provided seventy-two infant welfare centres at which weekly or fortnightly sessions are held. In the more populous districts sessions are held twice weekly. Ante-natal clinics are held at nineteen different centres throughout the County, and in other districts ante-natal consultations take place before the ordinary infant welfare sessions.

Dental treatment is available for expectant and nursing mothers at fifteen dental clinics. Details of treatment are given on page 21.

There has been a considerable increase in the total attendances both at the Maternity and Child Welfare Centres and ante-natal clinics ; the following table gives the total annual attendances for the past five years :—

Year.	Total attendances.			Inclusive Total.
	Ante-Natal.	Infants under one year.	Children 1—5 years.	
1930	3,826	43,746	60,447	108,019
1931	5,469	47,285	67,265	120,019
1932	6,886	47,981	69,247	124,114
1933	6,227	54,715	68,327	129,269
1934	6,817	57,312	69,751	133,880

(5) ANTE-NATAL SERVICE.

During 1934 2,126 new ante-natal cases attended the ante-natal clinics for advice ; the total attendances were 6,817.

The following table shows the number of expectant mothers who attended at the clinics during the year and the total attendances.

Clinic.	Total number of expectant mothers who attended at the Clinic during the year.	Total number of attendances by expectant mothers at all Clinics during the year.
*Ash ...	56	186
*Camberley ...	78	242
*Caterham ...	128	337
*Chertsey ...	56	161
*Ditton ...	30	86
*Dorking ...	117	287
*Egham ...	58	175
*Epsom ...	324	968
*Farnham...	102	288
*Godalming ...	48	144
*Haslemere ...	13	40
*Horley ...	29	78
*Malden ...	70	212
*Molesey ...	23	55
*Surbiton ...	229	786
*Sutton ...	322	1,480
*Walton ...	69	203
*Weybridge ...	49	105
*Woking ...	195	587
Addlestone ...	32	96
Bagshot ...	28	86
Blindley Heath ...	2	8
Byfleet ...	4	13
Cobham ...	15	45
Cranleigh ...	2	8
Dunsfold...	1	1
Ewhurst ...	2	7
Godstone...	3	9
Hindhead ...	1	3
Horsley ...	17	52
Hurst Green ...	1	1
Limpsfield ...	2	7
Lingfield ...	8	26
Peaslake ...	1	2
Ripley ...	4	13
Shalford ...	4	13
Tatsfield ...	1	1
Warlingham ...	1	2
Windlesham ...	1	4
Total ...	2,126	6,817

* *Ad hoc* ante-natal clinics.

A scheme was approved during the year providing for an extension of the ante-natal services to include :—

- (a) routine Clinics conducted by part-time practitioners experienced in midwifery and ante-natal supervision ;
- (b) consulting Clinics in each of five areas staffed by obstetricians of experience and of recognised consultant rank ;
- (c) the association of the Consulting Obstetricians in each of the five areas with the work in their areas under the Puerperal Fever and Complicated Labour schemes of the County Council, and
- (d) the appointment by the Public Assistance Committee of the Consulting Obstetricians in four of the areas as Consulting Obstetricians to the Public Assistance Hospitals. The remaining area is served by the Woking Maternity Home, and the Consulting Obstetrician is the Obstetric Surgeon of the Home.

(6) MATERNAL MORTALITY.

The maternal mortality rate for the County is more favourable than that for England and Wales as a whole taken over a period of years, as the following figures illustrate :—

Year.	Surrey.			England and Wales.		
	1930	1931	1932	1933	1934	
1930	3.36	4.42	3.65	3.62	4.06	4.40
1931						4.11
1932						4.24
1933						4.42
1934						4.60

The deaths in the Administrative County in 1934 assigned to puerperal sepsis numbered 22, and 34 were assigned to other accidents and diseases of pregnancy, a total of 56. In 1933 the figures were 16 and 31, a total of 47.

Maternal deaths occurring in the Maternity and Child Welfare area of the County Council are investigated, and a confidential report on each case is forwarded to the Minister of Health. During 1934 twenty-seven cases were investigated and reported on.

A table showing the maternal mortality rates for Surrey for the years 1911-1934, classified under the headings of puerperal sepsis, and "other causes" is given below, and for the purpose of comparison the figures are also included for England and Wales, and for all counties.

Year.	England and Wales.			All Counties.			Surrey.		
	P.S.	O.	T.	P.S.	O.	T.	P.S.	O.	T.
1911	1.43	2.44	3.87	figures	not obtainable		1.08	2.09	3.17
1912	1.39	2.59	3.98	"	"	"	1.75	1.97	3.72
1913	1.26	2.70	3.96	"	"	"	1.16	1.67	2.83
1914	1.55	2.62	4.17	1.51	2.60	4.11	2.18	2.11	4.29
1915	1.47	2.71	4.18	1.36	2.74	4.10	1.42	1.58	3.00
1916	1.38	2.74	4.12	1.33	2.87	4.20	0.95	1.82	2.77
1917	1.31	2.58	3.89	1.32	2.77	4.09	1.66	2.34	4.00
1918	1.28	2.51	3.79	1.20	2.53	3.73	1.53	1.63	3.16
1919	1.67	2.70	4.37	1.60	2.69	4.29	2.05	1.77	3.82
1920	1.81	2.52	4.33	1.74	2.54	4.28	1.76	1.83	3.59
1921	1.38	2.53	3.91	1.29	2.61	3.90	1.71	2.57	4.28
1922	1.38	2.43	3.81	1.25	2.51	3.76	0.83	2.32	3.15
1923	1.30	2.52	3.82	1.24	2.47	3.71	0.84	1.85	2.69
1924	1.39	2.51	3.90	1.31	2.51	3.82	1.43	2.14	3.57
1925	1.56	2.52	4.08	1.36	2.62	3.98	0.71	2.13	2.84
1926	1.60	2.52	4.12	1.48	2.52	4.00	0.70	2.35	3.05
1927	1.57	2.54	4.11	1.49	2.47	3.96	1.50	1.50	3.00
1928	1.79	2.63	4.42	1.70	2.71	4.41	2.01	2.94	4.95
1929	1.80	2.53	4.33	1.77	2.51	4.28	1.69	1.45	3.14
1930	1.92	2.48	4.40	1.87	2.54	4.41	1.22	2.14	3.36
1931	1.66	2.45	4.11	1.59	2.45	4.04	1.37	3.05	4.42
1932	1.61	2.63	4.24	1.53	2.55	4.08	1.71	1.94	3.65
1933	1.79	2.63	4.42	1.73	2.66	4.39	1.23	2.39	3.62
1934	2.03	2.57	4.60	—	—	—	1.59	2.47	4.06

P.S. = Puerperal Sepsis.

O. = Others.

T. = Total.

(7) INFANT MORTALITY.

The number of deaths of infants under one year registered in the Administrative County of Surrey during the year 1934 was 596, or 5.78 per cent. of the total deaths of all ages. The infant mortality rate was, therefore, 43.24.

An analysis of the causes of infant deaths in each of the past five years is given in the following table :—

Causes of death.	Number of deaths of infants under one year.				
	1930	1931	1932	1933	1934
Total—all causes	544	566	630	547	596
Measles	11	1	5	3	5
Whooping Cough	6	18	12	16	13
Diphtheria	3	1	1	4	2
Influenza	3	6	7	6	—
Meningococcal meningitis	4	—	—	—	—
Tuberculosis of the respiratory system	1	1	2	—	1
Other tuberculous diseases	9	7	11	9	5
Bronchitis	19	15	25	11	13
Pneumonia (all forms)	72	79	77	55	71
Other respiratory diseases	2	4	2	4	2
Diarrhoea and enteritis	30	35	53	35	41
Acute and chronic nephritis	—	—	1	—	1
Congenital debility and malformation ...	261	313	338	319	342
(Including premature birth)					
Other causes	123	86	96	85	100

(8) MIDWIVES ACTS, 1902-26.

The County Council is the Local Supervising Authority for the administration of the Midwives Acts in the Administrative County, except in the municipal boroughs of Guildford and Wimbledon.

The number of certified midwives who notified their intention to practise during 1934 was 407, as compared with 390 during 1933. Only three of the old " bona fide " class of midwives now remain in practice.

The County Council does not provide either whole-time or part-time midwives in any part of the County. It does, however, assist the voluntary nursing associations by making initial grants to each District Nursing Association which provides a new nurse. Most of the District Associations are affiliated to the Surrey County Nursing Association and to this Association the County Council makes grants in respect of each midwife added to the establishment, and also pays a percentage of the approved administrative charges. Payment at a flat rate per case is made to all District Nursing Associations whether the nurse attends as a midwife or as a maternity nurse.

The Superintendent Health Visitor, together with her deputy and assistant superintendents, and the Superintendent of the Surrey County Nursing Association, act as inspectors of midwives. It is the practice to make at least three routine inspections during the year of all midwives, and visits are also made for the special investigation of cases of rise of temperature, etc.

A revised edition of the Rules of the Central Midwives Board came into force on 1st October, 1934. New rules have been added, and generally the rules have been redrafted and re-arranged with the object of making the ascertainment of the requirements more easy for those who consult them.

All midwives practising in the area for which the County Council is the responsible authority were supplied with a copy of the new Rules, together with an explanatory memorandum indicating the main alterations.

Midwives are required by the Rules of the Central Midwives' Board to call in medical aid for any illness or unsatisfactory condition of the mother or baby, and to send a copy of the medical help form to the Local Supervising Authority. They are also required to notify certain other events. An analysis of the 2,542 notifications received is given in the following table, together with the figures for the past five years :—

	1930	1931	1932	1933	1934
Notification of sending for medical aid ...	1,773	1,701	1,793	1,890	2,029
Still-births	77	78	82	72	75
Laying out dead body	110	124	123	138	103
Artificial feeding	70	56	60	69	94
Liability to be a source of infection ...	107	94	89	114	132
Notification of death	61	56	62	56	58
Abortions and miscarriages	61	58	50	47	51
Totals	2,259	2,167	2,259	2,386	2,542

The following table gives an analysis of the special investigations undertaken in each of the past five years :—

	1930	1931	1932	1933	1934
Notice of sending for medical assistance	189	203	197	170	211
Still-births, abortions, miscarriages ...	107	119	99	91	119
Liability to be a source of infection ...	89	61	53	71	105
Death of mother or baby	51	46	59	50	44
Totals	436	429	408	382	479

The Midwives Institute has branches in several centres in the County, and meetings are held at which lectures are given on subjects connected with the practice of midwifery.

Payment of Fees to Medical Practitioners.

Under Section 14 of the Midwives Act, 1918, the Local Supervising Authority is responsible for the payment of fees to medical practitioners called in by midwives in any emergency as defined by the Rules of the Central Midwives Board. The scale of fees is fixed by the Ministry of Health and the County Council recovers from the patients the whole amount, or such proportion of it as the financial circumstances of the case justify.

In accordance with the suggestion of the Minister of Health, the County Council has waived this right of recovery in all cases of inflammation of, or discharge from infants' eyes, so that midwives may be encouraged to call in medical assistance at the onset of apparently trivial affections of the eyes.

Number of Births Attended by Midwives.

At the end of each year every midwife practising in the area in which the County Council is the supervising authority is required to furnish a return showing the extent of her work. These returns show that during 1934 certified midwives attended 6,033 births as midwives, and 3,318 births as maternity nurses. Owing to deaths and removals the figures returned are not absolutely accurate, but for comparative purposes they may be regarded as substantially correct.

Post Certificate Instruction of Midwives.

The fourth Post Certificate Course for midwives arranged by the County Council was held during the week beginning the 1st October, 1934.

The Course comprised a series of lectures, ante-natal demonstrations and films illustrating midwifery practice in various clinics. The following is a summary of the attendances at the Course together with comparative figures for the three preceding Courses :—

	1931.	1932.	1933.	1934.
Number of Nurses attending	203	254	374	392
Total attendance	872	1,104	1,297	1,540

Compensation to Midwives.

The County Council has approved a scheme for the compensation of midwives practising independently, when patients who have booked with them are recommended subsequently for admission to a Maternity Home or Hospital by the Medical staff of the Ante-Natal Clinics.

Compensation is payable subject to the undermentioned conditions :—

- (a) in cases brought or sent by the midwife to an Ante-Natal Clinic the Medical Officer of the clinic must certify in each case that he or she advised the patient's confinement in a maternity home or hospital, and the patient must confirm that she had previously booked the midwife to attend the confinement ;
- (b) in cases seen in the patient's home by a private medical practitioner who is called in to a patient by a midwife under the rules of the Central Midwives Board and the patient is subsequently admitted to a maternity home or hospital for confinement, the medical practitioner must certify that removal to the hospital or maternity home for confinement was advised ;
- (c) payment will not be made to a midwife when the patient herself requests admission to a hospital or maternity home, apart from a medical recommendation as above ;
- (d) payment will be made only to midwives practising independently and not to those employed by district nursing associations.

(9) PUBLIC HEALTH (OPHTHALMIA NEONATORUM) REGULATIONS, 1926.

Under these regulations ophthalmia neonatorum is defined as any purulent discharge from the eyes of an infant commencing within twenty-one days from the date of birth, and the duty of

notifying cases is placed upon the medical practitioner in attendance. By arrangement with the London County Council, institutional treatment is provided for babies suffering from this disease.

The following table gives the number of medical help forms received from midwives on account of inflammation of the eyes during the past five years and the number of cases of ophthalmia neonatorum notified under the Regulations during that period.

Year.	Number of cases in which		Case Rate, i.e., number of notified cases per 1,000 births.
	Medical Aid sought for Inflammation of Eyes.	Cases of Ophthalmia Neonatorum notified.	
1930	96	46	3.5
1931	106	34	2.6
1932	119	46	3.4
1933	120	30	2.3
1934	100	38	2.7

The results of treatment of the cases notified during the past five years are shown in the following table :—

Year.	Cases.				Results in cases occurring in the practice of Midwives.			Left County	
	Notified.	Occurring in the practice of Midwives	Treated		Vision unim- paired.	Vision im- paired.	Total Blind- ness.		
			At Home	In Hospital					
1930	46	26	22	4	24	—	—	2	
1931	34	15	12	3	15	—	—	—	
1932	46	17	16	1	17	—	—	—	
1933	30	15	14	1	15	—	—	—	
1934	38	22	20	2	22	—	—	—	

(10) PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS, 1926.

Puerperal Pyrexia is defined in these regulations as "any febrile condition [other than a condition which is required to be notified as puerperal fever under the Infectious Disease (Notification) Acts], occurring in a woman within twenty-one days after child-birth or miscarriage in which a temperature of 100.4°F. or more has been sustained during a period of twenty-four hours, or has recurred during that period.

A medical practitioner is required to notify the occurrence in his practice of puerperal pyrexia to the local Medical Officer of Health, who forwards a copy of every notification received by him to the County Medical Officer within twenty-four hours.

Under these regulations the County Council has arranged that medical practitioners may obtain any or all of the following services for cases notified within its maternity and child welfare area :—

- (1) the services of an obstetric consultant,
- (2) the bacteriological examination of the patient's discharges,
- (3) the removal of patients to hospital for treatment.

Patients suffering from puerperal sepsis if recommended by the obstetric consultant for hospital treatment, are now generally admitted to the Annexe of the Queen Charlotte's Hospital, London. There is also an arrangement with the London County Council whereby patients can be admitted to the North Western Hospital, the Obstetric Specialist of the London County Council being available for consultation with private practitioners.

The bacteriologist of the Royal Surrey County Hospital, Guildford, carries out all the bacteriological work required throughout the County under this scheme.

During the year 155 notifications of puerperal fever and puerperal pyrexia were received and of this number 45 patients were removed to hospital for treatment. In 1933, 149 cases were notified and twenty patients were admitted to hospital. An analysis of the cases of rise of temperature and of puerperal fever notified during the past five years is given in the following table:—

Year.	Cases in which medical help was summoned by Midwives for rise of temperature.	Number of cases of puerperal fever notified by Medical Practitioners	Case rate of puerperal fever per 1,000 births.	Deaths from puerperal fever.	Case mortality per cent.
1930	76	35	2.7	16	45.7
1931	90	37	2.8	18	48.6
1932	82	41	3.05	23	56.1
1933	55	32	2.5	16	50.0
1934	103	39	2.8	22	58.97

(11) MATERNITY HOMES.

The County Council reserves three beds in each of two maternity homes, the Woking Maternity Home and the Walton Maternity Home. Additional beds are available in these Homes and in the Duchess of Connaught Memorial Nursing Home, Bagshot. Patients are also sent to the maternity wards of the Public Assistance Hospitals by arrangement with the Public Assistance Committee. Recommendations for admission are made by medical officers of the ante-natal clinics either on account of abnormal ante-natal conditions, anticipated difficulties in confinement or unsuitable home conditions.

The number of patients admitted to these institutions under the Council's maternity scheme during the past five years is shown in the following table:—

Name of Home.	Number of patients admitted during				
	1930	1931	1932	1933	1934
Duchess of Connaught Memorial Nursing Home, Bagshot	45	55	51	65	60
* Redhill Maternity Home	41	11	—	—	—
Walton Maternity Home	70	64	61	64	90
Woking Maternity Home	149	121	163	156	189
Public Assistance Institutions	—	59	156	204	202
Totals ..	305	310	431	489	541

* This Home is now closed.

(12) HOSPITAL SUPERVISION FOR COMPLICATED CASES.

In complicated or difficult cases of midwifery the medical attendant may call in the assistance of one of the obstetric consultants appointed by the County Council. Cases for whom hospital treatment is necessary have been admitted to the Royal Surrey County Hospital, Guildford.

During the year 1934, 36 cases of complicated labour were admitted to hospital, as compared with 26 cases in 1933.

(13) HOME NURSING AND HOME VISITING.

The Health Visitors undertake the home visits required under the various schemes of the County Council, including ante-natal and post-natal supervision.

In many districts the maternity nursing is carried out by nurses maintained by local nursing associations, but there are also many midwives practising independently. Generally there is close co-operation between the midwives and the health visiting staff of the County Council. The district nurses are welcomed at the infant welfare centres, and they are encouraged to bring their patients to the ante-natal clinics. Many district nurses are intimately associated with the work of the Council's Infant Welfare Centres, a relationship which is to the advantage of both branches of the maternity services.

The number of visits paid by Health Visitors during the past five years to expectant mothers and to children under five years of age is shown in the following table:—

Year.	Expectant mothers.		Infants under 1 year.		Children 1—5 years.		Visits to foster Children.
	Number of cases visited for first time during the year.	Total visits to all cases on register	Number of cases visited for first time during the year.	Total visits to all cases on register	Number of cases visited for first time during the year.	Total visits to all cases on register	
1930	1,194	2,448	6,745	25,355	1,261	34,649	3,000
1931	1,235	2,376	6,489	26,242	1,328	34,703	4,500
1932	1,278	2,482	6,816	27,299	1,374	39,350	4,567
1933	1,442	2,689	6,379	25,428	1,199	37,606	5,309
1934	1,351	2,393	6,920	25,034	1,583	38,415	5,665

(14) DENTAL TREATMENT.

There are fifteen special dental clinics in the County for the treatment of expectant and nursing mothers and children under five years of age, and the following table gives a record of the work done during the year 1934 at each of these clinics.

	Clinic.	Attendances.		Extractions.		Fillings.		No. of Administrations of General Anaesthetics.		No. of other operations including supply of Artificial Teeth.
		Mothers.	Children.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.	Mothers.	Children.	
1	Chertsey ...	248	31	241	30	20	4	46	17	168
2	Dorking ...	70	12	125	13	—	—	24	5	50
3	Egham ...	236	49	464	80	26	3	111	44	127
4	Epsom ...	319	83	637	75	15	8	157	45	120
5	Farnham...	302	105	621	88	24	12	78	52	366
6	Godalming	136	26	262	19	14	1	52	6	54
7	Haslemere	56	30	102	22	1	1	19	14	49
8	Lingfield ...	41	35	89	17	9	8	15	17	31
9	Malden ...	122	81	71	28	33	24	11	13	77
10	Purley ...	127	34	185	33	7	2	37	23	150
11	Redhill ...	166	22	274	25	5	—	76	13	99
12	Surbiton	318	111	373	134	41	17	83	38	161
13	Sutton ...	191	40	279	43	9	—	69	22	86
14	Weybridge	194	26	313	18	10	9	82	13	73
15	Woking ...	528	76	868	69	7	—	201	50	188
	Totals	3,054	761	4,904	694	221	89	1,061	372	1,799

(15) TRAINING OF UNMARRIED MOTHERS.

The arrangement with Waltham House Hostel, Epsom, has been continued, and during 1934 nine mothers were sent to the home as compared with six during 1933.

The mothers are admitted, generally after confinement, for a period of training, and on leaving, situations are found for them in private service. The children may remain in the nursery of the home as foster children by arrangement with the mothers.

(16) PREVENTION AND TREATMENT OF CRIPPLING.

Facilities are provided for the treatment of children with crippling defects at eight orthopaedic centres. Where in-patient treatment is required, the children are usually admitted to the St. Nicholas and St. Martin's Homes at Pyrford. During the year twelve children were admitted as compared with fifteen during 1933.

The following table gives the number of children attending each clinic during the year.

Centre.	1930.	1931.	1932.	1933.	1934.
Aldershot and Farnborough Curative Post ...	2	5	7	8	6
Croydon General Hospital ...	41	38	33	26	24
East Grinstead Curative Post ...	—	—	—	—	2
Farnham Curative Post ...	—	—	2	3	4
Royal Surrey County Hospital, Guildford ...	28	14	16	10	9
Kingston: Red Cross Curative Post ...	94	59	75	80	76
Weybridge: Locke-King Clinic ...	43	38	27	28	36
Woking: Red Cross Curative Post	63	67	78	90	75
Totals	271	221	238	245	232

(17) INFANT LIFE PROTECTION.

The functions under Part I. of the Children Act, 1908, were transferred to Maternity and Child Welfare Authorities on the 1st April, 1930, in accordance with Section 2 of the Local Government Act, 1929.

Important amendments to Part I. of the Children Act, 1908, have been made in Part V., and the Second and Fourth Schedules of the Children and Young Persons Act, 1932, which came into force on the 1st January, 1933. The main alterations are the inclusion of children up to nine years of age as foster children, and in the periods of notification. The periods of notification are now as follows:—

- (a) in the case of the first child proposed to be received, not less than seven days' notice before its reception,
- (b) any other child, not less than 48 hours' notice before reception,
- (c) a child already received without reward notice within 48 hours after the undertaking to receive for reward.
- (d) change of residence, instead of 48 hours' notice, at least seven days' notice prior to the change.
- (e) notice of death or removal of child from the care of a foster parent must be given within 24 hours after the death or removal.

Monthly visits of inspection are made to all foster mothers by the health visitors, and when necessary, special visits are paid.

On the 31st December, 1934, there were 298 foster mothers in the maternity and child welfare area of the County Council, maintaining 401 foster children, and 5,665 visits were paid by health visitors during the year.

Boarding Schools at which children under nine years of age are kept come within the provisions of the 1932 Act. A list of boarding schools at which children under nine years of age reside has been compiled and these schools have been inspected by an Assistant Medical Officer. The majority of the schools have been exempted from the provisions of the Acts subject to the following conditions:—

- (a) that the County Medical Officer shall have the right to inspect such exempted schools at all reasonable times,
- (b) that the exemption may be withdrawn at any time if circumstances should arise which, in the opinion of the Council, would warrant such withdrawal.

(18) SECTION 101, LOCAL GOVERNMENT ACT, 1929.

Under the above Section the County Council has made a scheme for the annual payment of grants to voluntary associations which provide maternity and child welfare services in or for the benefit of the County.

The general principle of the scheme is that the grants previously paid to each Voluntary Association by the Ministry of Health are continued by the County Council, and also that the County Council continues its payments in respect of any specified services rendered. In this way the Voluntary Associations are not penalised by the operation of the Local Government Act, 1929.

The homes are inspected by a medical officer of the staff and by the Superintendent Health Visitor.

(19) SUPPLY OF DRIED MILK TO EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

A scheme for the supply of dried milk has been in operation since the 1st July, 1924. It provides for the supply of dried milk powder

- (i) at cost price;
- (ii) at one half cost price, and
- (iii) free of cost.

The issue is made on medical grounds to mothers and children in regular attendance at the antenatal clinics or child welfare centres, and only on the recommendation of the medical officer in charge of the clinic or centre.

The persons eligible to receive the benefits of the scheme are as follows:—

- (i) expectant mothers (during the last three months of pregnancy);
- (ii) nursing mothers (when actually suckling their infants);
- (iii) children up to three years of age, and exceptionally, children between three and five years of age.

The quantity of milk supplied free or at half cost does not ordinarily exceed 1 lb. per week per person, but in the case of infants aged between three months and eighteen months, and then only exceptionally, up to 1½ lbs. per week may be given.

The capacity to pay is determined by the Medical Officer in charge of the Centre according to an income scale approved by the Public Health Committee.

(20) MISCELLANEOUS.

Arrangements are in force at the majority of centres in the County for the provision of certain foods, cod liver oil, malt, etc., to children when recommended by the Assistant Medical Officer. These foods are not provided by the County Council and the initial funds are supplied by the voluntary committees of the centres.

Sterilised maternity outfits for confinements are provided at a low price through the voluntary committees of some of the welfare centres. Domestic helps are not generally available, but in some instances the local voluntary committees have been able to arrange for the supply of home helps.

LIST OF MATERNITY AND CHILD WELFARE CENTRES IN THE COUNTY, SHOWING THE DAYS UPON WHICH EACH IS OPEN TOGETHER WITH THE ATTENDANCES AND THE TOTAL NUMBER OF CHILDREN WHO WERE IN ATTENDANCE AT THE CENTRES AT THE END OF 1934.

Centre.	Address.	Days of Centre.	Children under One Year		Children One—Five years.		Total number of children who were in attendance at the centre at the end of 1934.		
			New Cases.	Total Attendances	New Cases.	Total Attendances	Children under one year of age.	Children between the ages of one and five years.	Total.
Addlestone ...	S.C.C. Clinic, Princess Mary Village Homes, Addlestone	Every Friday.	60	1,576	11	1,638	65	152	217
Ash ...	St. Peter's Church Room (opposite Ash Church)	Every Thursday.	53	783	26	1,305	38	154	192
Ash Vale ...	Working Men's Club, Frimley Road, Ash Vale	2nd & 4th Mondays.	23	216	5	336	22	41	63
Ash Wyke ...	The Village Hall, Normandy ...	1st & 3rd Mondays.	18	150	7	285	17	43	60
Badshot Lea ...	Scouts' Hall	2nd, 4th & 5th Wednesdays.	17	171	2	687	12	59	71
Bagshot ...	St. Anne's Parish Hall ...	Every Monday,	23	422	4	878	21	64	85
Banstead ...	Church Institute, Banstead ...	1st & 3rd Fridays.	67	666	28	709	50	124	174
Blindley Heath ...	Parish Hall, Blindley Heath ...	2nd & 4th Fridays.	16	86	2	204	11	38	49
Bookham ...	Barn Hall, Great Bookham ...	1st & 3rd Wednesdays.	18	173	3	368	12	55	67
Bourne ...	Boys' Club, Gravel Hill, Lower Bourne	1st & 3rd Wednesdays.	17	186	5	444	13	56	69
Byfleet ...	Village Hall, Byfleet ...	Every Wednesday.	32	723	19	1,074	29	78	107
Camberley ...	Central Hall, Camberley ...	Every Thursday.	97	2,101	34	3,559	75	228	303
Capel ...	Church Rooms, Capel ...	2nd & 4th Thursdays.	24	156	11	390	15	65	80
Caterham Hill ...	The Parish Hall, Chaldon Road, Caterham Hill	Every Friday.	62	1,189	30	1,019	53	182	235
Caterham Valley	Old Forge Hall, Caterham Valley	2nd & 4th Tuesdays.	42	459	24	791	25	93	118
Charlwood ...	Parish Hall, Charlwood ...	2nd & 4th Wednesdays.	11	111	2	220	8	30	38
Cheam ...	Parochial Room, Station Road, Cheam	Every Wednesday.	202	2,795	57	1,629	149	309	458
Chertsey ...	Adjoining Infants' Council School, Stepgates, Chertsey	Every Monday.	54	1,323	6	1,712	51	158	209
Chobham ...	Women's Institute Hut and Industry Cottage	2nd & 4th Tuesdays.	27	262	10	535	20	70	90
Claygate ...	Church Rooms, Claygate ...	2nd & 4th Mondays.	24	229	4	293	19	35	54
Cobham ...	Boys' Club, Spencer Road, Cobham	1st, 3rd & 5th Mondays.	30	283	13	409	27	65	92

Centre.	Address.	Days of Centre.	Children under One Year		Children One-Five Years		Total number of children who were in attendance at the centre at the end of 1934.		
			New Cases.	Total Attendances	New Cases.	Total Attendances	Children under one year of age.	Children between the ages of one and five years.	Total.
Cranleigh ...	Tring, Cranleigh ...	1st & 3rd Thursdays.	14	119	5	353	17	64	81
Long & Thames Ditton	Village Hall, Long Ditton ...	Every Tuesday.	60	951	23	1,092	52	116	168
Dorking ...	Dene Street, Dorking ...	Every Monday and Tuesday.	141	2,006	41	2,565	91	332	423
Dormansland ...	Baptist Chapel, Dormansland	2nd & 4th Mondays.	8	99	7	220	4	27	31
Dunsfold ...	Winns Hall, Dunsfold ...	2nd & 4th Mondays.	11	104	5	226	5	32	37
Effingham ...	Women's Institute, Effingham	2nd & 4th Wednesdays.	15	135	7	387	14	55	69
Egham ...	Drill Hall, Kings Road, Egham	Every Wednesday and Friday.	109	2,469	47	3,881	72	299	371
Elstead ...	Village Hall, Elstead ...	1st & 3rd Tuesdays.	14	208	5	464	13	34	47
Epsom ...	S.C.C. Clinic, Waterloo Road, Epsom	Every Wednesday	173	2,700	36	1,807	154	338	492
Ewell ...	Mary Wallis Hall, Ewell ...	2nd & 4th Mondays.	105	825	19	660	79	141	220
Ewhurst ...	Village Hall, Ewhurst ...	1st & 3rd Thursdays.	9	127	11	220	8	42	50
Farnham ...	Brightwells, East Street, Farnham	Every Tuesday and Thursday.	69	1,689	13	2,346	35	157	192
Frimley ...	Village Hall, Frimley ...	2nd & 4th Wednesdays	49	418	22	614	41	89	130
Godalming ...	Church Room, Queen Street, Godalming	Every Friday.	104	1,881	37	2,073	86	224	310
Godstone ...	White Hart Barn, Godstone ...	2nd & 4th Wednesdays.	27	220	2	267	23	57	80
Hale ...	Institute, Hale ...	Every Friday.	42	508	7	1,184	31	87	118
Haslemere ...	St. Christopher's Hall, Haslemere	Every Tuesday.	42	1,058	17	1,790	30	120	150
Hersham ...	S.C.C. Clinic, Rodney Road, Walton	Every Thursday.	49	788	19	776	35	90	125
Hindhead ...	Congregational Chapel Rooms, Beacon Hill	Every Friday.	31	401	10	938	21	69	90
Horley ...	Technical Institute, Horley ...	Every Friday.	62	1,135	31	1,320	22	183	205
Horley, Salfords	Parish Hall, Salfords ...	2nd & 4th Tuesdays.	12	93	6	311	8	39	47
Horsley, West ...	Village Hall, West Horsley ...	1st & 3rd Thursdays.	15	190	1	223	10	65	75
Hurst Green ...	St. Agatha's Mission Hall, Hurst Green	1st & 3rd Mondays.	13	75	4	296	12	34	46
Knaphill ...	Methodist Chapel, Knaphill ...	Every Friday.	100	1,529	48	2,733	79	235	314
Leatherhead ...	The Institute, Leatherhead ...	Every Friday.	73	1,383	19	1,726	60	185	245
Limpsfield ...	Church Room(opposite Church) Limpsfield	Every Thursday.	17	277	3	409	10	27	37
Lingfield ...	Blenheim Road, Lingfield ...	Every Tuesday.	20	306	12	367	18	42	60
Malden ...	8, Westbury Road, New Malden	Every Wednesday and Friday.	136	2,662	76	2,827	135	364	499
Molesey ...	Methodist Church Room, Manor Road, East Molesey	Every Wednesday.	86	1,147	32	1,744	59	164	229
Oxted ...	Church Room, Oxted ...	1st & 3rd Tuesdays.	20	169	4	374	19	39	58
Peaslake ...	Old School Room, Peaslake	2nd & 4th Mondays.	16	146	2	285	15	34	49
Puttenham ...	Old School Hall, Puttenham	1st & 3rd Fridays.	14	254	1	236	7	26	37
Ripley ...	Rio Tea Rooms, Ripley ...	Every Tuesday.	23	261	4	769	17	50	66
Rowledge ...	Village Hall, Rowledge ...	1st & 3rd Mondays.	12	89	7	362	9	41	50
Send ...	Men's Institute, Send ...	1st & 3rd Thursdays.	8	59	4	336	8	49	57
Shalford ...	The Institute, off King's Road, Shalford	Every Wednesday.	44	524	14	699	31	71	101
Surbiton ...	South Place, Surbiton ...	Every Tuesday and Thursday.	300	5,178	80	2,892	253	542	795
Sutton ...	Public Hall, Sutton ...	Every Tuesday.	186	2,624	60	1,633	157	345	450
Tadworth ...	Village Hall, Tadworth ...	1st & 3rd Mondays.	37	257	7	316	28	62	90
Tatsfield ...	Parish Hall, Tatsfield ...	2nd & 4th Mondays.	9	111	2	217	10	28	33
Tilford ...	The Institute, Tilford ...	2nd & 4th Tuesdays.	9	112	3	236	7	30	33
Walton-on-the-Hill ...	Congregational School Room, Walton-on-the-Hill	1st & 3rd Tuesdays.	18	196	9	178	16	48	6
Walton-on-Thames ...	S.C.C. Clinic, Rodney Road, Walton	Every Friday.	74	1,193	40	1,750	51	142	19
Warlingham ...	Church Hall, The Green, Warlingham	Every Wednesday.	34	524	14	1,274	31	73	10
Weybridge ...	Locke-King Clinic, Devonshire Road, Weybridge	Every Tuesday.	63	972	13	1,282	52	143	19
Whyteleafe ...	Parish Hall, Whyteleafe ...	Every Thursday.	32	744	17	901	23	88	111
Windlesham ...	Village Institute, Windlesham	1st & 3rd Tuesdays.	11	177	5	339	10	37	44
Witley ...	Village Institute, Witley ...	2nd & 4th Wednesdays.	28	189	14	388	25	60	88
Woking ...	Clarence Avenue, Woking ...	Every Monday and Wednesday.	140	1,515	50	1,550	123	308	433
Worcester Park ...	Malden & Cuddington Jubilee Institute on Malden Green	Every Thursday.	179	2,068	50	912	122	229	355
Wrecclesham ...	Parish Room, The Institute, Wrecclesham	2nd & 4th Mondays.	17	282	3	454	15	61	7
			3,812	57,312	1,279	69,751	2,985	8,316	11,300

NURSING HOMES REGISTRATION ACT, 1927.

Twenty-four new applications for registration under the above Act were received during the year. Each application was approved subject to compliance with certain requirements, and at the end of the year, eight had complied, and were granted certificates of registration. Nine certificates of registration were issued in respect of applications outstanding at the end of the previous year, making a total of seventeen certificates of registration issued during the year 1934.

On the 31st December, 1934, there were 112 registered and 8 exempted nursing homes on the register.

Frequent visits were made during the year to all the non-exempted homes on the register.

TUBERCULOSIS.

(1) NOTIFICATIONS.

The summary of returns for 1934 received from the district medical officers of health shows that 929 cases of tuberculosis were notified during the year, as compared with 992 for the previous year, *i.e.*, a decrease of 63 cases. The number of notifications of pulmonary tuberculosis was reduced by 25, and there was the appreciable decrease of 38 (or 18 per cent.) in the number of non-pulmonary cases notified.

The case rate of pulmonary tuberculosis per thousand of the population for the County of Surrey for the year 1934 was the lowest on record since tuberculosis became notifiable in 1912, namely 0.72; the figure of the previous year was 0.77. In non-pulmonary tuberculosis the case rate for the County was 0.16, which is the lowest recorded since 1922, when the rate was the same, for each of the past three years (*i.e.*, 1931, 1932 and 1933) the case rate for non-pulmonary tuberculosis was 0.21.

The age and sex distributions of these cases are as follows:—

Age period.	Pulmonary.		Non-pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under 1 year	—	—	—	2	3
One and under 5 years ...	4	4	13	11	32
5 „ „ 10 „ „ ...	6	3	24	17	50
10 „ „ 15 „ „ ...	11	10	9	12	42
15 „ „ 20 „ „ ...	23	37	8	12	80
20 „ „ 25 „ „ ...	38	75	6	9	128
25 „ „ 35 „ „ ...	105	114	11	17	247
35 „ „ 45 „ „ ...	89	70	2	8	169
45 „ „ 55 „ „ ...	62	31	2	1	96
55 „ „ 65 „ „ ...	48	12	3	3	66
65 and upwards	10	5	—	2	17
Totals ... 1934	393	361	78	94	929
	412	370	102	108	922
	422	405	98	110	1035
	405	397	95	99	996
	385	320	99	85	889
	397	312	91	87	887

The above table refers to the primary notifications received by district medical officers of health, but information is obtained also from other sources, *e.g.*, transfers from other areas, death returns,

posthumous notifications, etc. During the year 1934 there were 400 cases which became known by such means, and the following table gives an analysis of these cases :—

Source.		Pulmonary.	Non-Pulmonary	Total.
Death Returns ...	(i) From local registrars	...	54	19
	(ii) Transferable deaths	...	17	13
Posthumous notifications ...	...	...	10	7
Transfers from other areas	...	...	207	49
Other sources	...	...	19	5
	Totals ...	307	93	400

The heading "Transfers from other areas" refers to tuberculous persons who have come to reside in Surrey during the year, and the 256 cases shown in the above table represent an increase of 50 cases compared with the previous year.

These inward transfers during 1934 were from the following districts :—

County of London	...	...	...	...	...	178
County Borough of Croydon	...	...	...	...	...	17
County of Essex	...	...	...	...	...	12
County of Kent	...	...	...	...	...	6

The remaining 43 cases were from 28 other districts.

Each district medical officer of health keeps a register of the known cases of tuberculosis resident in his sanitary district, and this register is checked quarterly with the information available in the County Health Department. The numbers of cases on the district registers on the 31st December, 1934, were as follows :—

		Pulmonary.	Non-Pulmonary
Males	...	2,055	694
Females	...	2,018	763
	Totals ...	4,073	1,457
	Grand Total ...		5,530

The total of 5,530 persons is a decrease of 18 as compared with the total on the district registers at the end of 1933.

(2) DEATHS.

The total number of deaths from pulmonary tuberculosis during 1934 was 508 as compared with 560 during the previous year ; the death rate per thousand of the population was 0.48, which is the lowest recorded since the notification of the disease was introduced in 1912. In 1933 the death rate was 0.55.

In non-pulmonary tuberculosis the total number of deaths was 96, or 0.09 per thousand of the population, which is the same rate as last year.

The distribution of all deaths from tuberculosis in the various Sanitary Districts and the respective death rates are shown on page 11 for purposes of comparison.

The following table gives, for both types of tuberculosis, the statistics regarding primary notifications, case rates, total number of deaths and death rates for each year from 1912 to 1934 inclusive.

Year.	PULMONARY TUBERCULOSIS.				OTHER FORMS OF TUBERCULOSIS.			
	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
1912	1379	2.04	488	0.72	Not notifiable.		147	0.21
1913	1187	1.73	477	0.69	453	0.72	162	0.23
1914	964	1.33	482	0.68	264	0.36	144	0.20
1915	941	1.42	540	0.82	203	0.30	161	0.24
1916	842	1.30	537	0.83	244	0.38	152	0.23
1917	799	1.27	605	0.96	223	0.35	171	0.27
1918	887	1.37	674	1.04	187	0.28	138	0.21
1919	787	1.14	505	0.73	121	0.17	107	0.15
1920	646	0.90	483	0.67	109	0.15	118	0.16
1921	648	0.88	449	0.61	127	0.17	109	0.14
1922	687	0.93	466	0.63	123	0.16	100	0.13
1923	668	0.91	432	0.59	152	0.21	96	0.13
1924	741	0.99	479	0.64	213	0.28	117	0.15
1925	712	0.93	470	0.62	165	0.21	90	0.12
1926	673	0.86	420	0.54	159	0.20	93	0.12
1927	711	0.89	468	0.59	181	0.23	94	0.12
1928	657	0.78	456	0.55	199	0.24	104	0.12
1929	709	0.82	487	0.57	178	0.21	101	0.12
1930	705	0.78	443	0.49	184	0.20	83	0.09
1931	802	0.85	524	0.56	194	0.21	81	0.09
1932	827	0.84	493	0.50	208	0.21	97	0.10
1933	782	0.77	560	0.55	210	0.21	86	0.09
1934	757	0.72	508	0.48	172	0.16	96	0.09

The notifications in the years immediately following the introduction of compulsory notification were, as might be expected, exceptionally numerous, but even allowing for these abnormal figures, the case rates and the death rates show a steady diminution, subject to minor variations from year to year.

The incidence of pulmonary tuberculosis in the County has diminished to very nearly one half what it was twenty years ago, while that of non-pulmonary tuberculosis has decreased by more than half. It is satisfactory to note that the case rate of non-pulmonary tuberculosis which had remained almost stationary for the past five years, now, once again, shows a downward trend.

(3) NEW NOTIFICATIONS AND DEATHS.

The new cases, which are included in the first two tables of this section on tuberculosis, number 1,329. The following table gives an analysis of these cases in terms of the type of disease, the sex of the person, and the age of the person ; in addition, the table gives a similar analysis of the 604 tuberculous persons who died during the year.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under one year ..	1	—	—	4	1	—	—	5
One and under 5 years	7	5	18	18	—	1	10	16
5 „ „ 10 „	11	6	34	27	2	4	8	5
10 „ „ 15 „	11	14	21	18	30	49	7	6
15 „ „ 20 „	33	51	14	14	62	54	8	3
20 „ „ 25 „	54	103	6	16	61	39	4	1
25 „ „ 35 „	151	159	14	21	69	33	10	—
35 „ „ 45 „	125	92	7	11	53	20	2	5
45 „ „ 55 „	81	47	5	1	17	13	4	2
55 „ „ 65 „	65	19	7	3	295	213	53	43
65 and upwards ..	18	11	3	3				
TOTALS ..	557	507	129	136				

Of the 604 deaths which occurred during the year, 120, or 19.9 per cent., occurred in non-notified cases.

These figures show a slight improvement on those of last year, when 139 deaths (or 21.4 per cent.) occurred in non-notified cases, the total number of deaths for that year being 648.

(4) ANTI-TUBERCULOSIS SCHEME.

The new scheme adumbrated in the Annual Report for 1933 came into operation during the year under review.

The main features of this scheme are the transference of the emphasis from treatment to diagnosis, *i.e.*, from the residential institution to the dispensary and a renewed impetus to care work.

The scheme envisages the time when the County Council will make a "declaration" under the Local Government Act, 1929, in accordance with its declared policy, so that the treatment of tuberculous persons will be provided entirely under the Public Health Acts. Therefore, it takes into account the accommodation already provided, or proposed to be provided by the Public Assistance Committee, and attempts to co-ordinate the work of the two Committees. The scheme offers expert diagnosis to the whole County and provides each tuberculosis officer with beds for observation and for treatment; such arrangements should help him to maintain a high standard of diagnostic efficiency, keep him in contact with the home conditions of the tuberculous patient, and assist him in maintaining his status as a consultant in the opinion of the medical practitioner.

The main objects of the scheme are, therefore, to obtain the earlier diagnosis of the disease in order to prevent the spread of infection and to offer the patient a reasonable hope of recovery, and so to reduce the cost of the disease to the community. In order to attain these objects, it is essential to offer the most modern facilities for early detection of the disease, to provide promptly, suitable treatment, and to organise efficient "care" organisation and effective preventive measures.

The main lines of development in the Anti-Tuberculosis Scheme are, briefly, as follows:—

(i) *Medical Staff.*

The whole County is now served by whole-time physicians with special training and experience in tuberculosis; these physicians rank as consultants and are available for consultation with the private medical practitioner in any doubtful case.

The Medical Superintendent of the County Sanatorium has been introduced to the dispensary section of the scheme, and is responsible for a small dispensary area contiguous to the sanatorium. This arrangement is valuable in so far as it makes available to a dispensary area the services of a first-class clinician, while keeping him in touch with early diagnosis and the home conditions of the patients.

In accordance with the scheme, the duties hitherto undertaken by several assistant medical officers were transferred to a whole-time tuberculosis officer, but there was no actual increase in

the number of medical officers. The increase in actual numbers attending the dispensaries, the increase in "contact" examinations, the responsibility of the tuberculosis officers for "beds" in Public Assistance hospitals and the considerable development in care organisation are factors which must lead to an early re-consideration of the numerical strength of the medical staff.

(ii) *Hospital Beds in Each Tuberculosis Officer's Area.*

There are many advantages in giving control of some hospital beds to the tuberculosis officer, and an arrangement has been made whereby the district tuberculosis officer is the consultant in tuberculosis to the Public Assistance hospital or hospitals in his district. This arrangement works to the mutual advantage of the hospital and the tuberculosis officer and brings the tuberculosis work of the Public Assistance Committee into line with the Anti-Tuberculosis Scheme of the Public Health Committee.

(iii) *X-Ray Facilities and Other Special Methods.*

The use of X-rays has now become a routine procedure in the early diagnosis of tuberculosis, but for several reasons relatively little use has hitherto been made of this important aid to diagnosis. The main difficulty has been the distance which a patient may have to travel in order to obtain expert radiological examination. The Public Assistance Committee's scheme for improving the services in its hospitals and institutions has helped very much in solving this difficulty; the establishment of X-ray centres at Kingston, Epsom, Reigate and Farnham, in addition to those already available at the County Sanatorium, the Royal Surrey County Hospital, Guildford, and the Brompton Hospital will, in many cases, reduce the distance which patients have to travel for this service. It is hoped that more extensive use will be made of this essential aid to diagnosis.

The arrangements for bacteriological examination of dispensary material is still undertaken satisfactorily by the pathological laboratory at the Royal Surrey County Hospital, Guildford.

The work in artificial pneumothorax is increasing each year, and patients obtain this form of treatment at the County Sanatorium or at an approved London hospital, whichever is the more convenient for the individual. The Public Health Committee is giving consideration to the provision of facilities for surgical treatment of pulmonary tuberculosis.

The scheme for the home nursing of tuberculous persons is carried out by the nurses of the District Nursing Associations, to which the County Council makes a payment per visit: the rate of payment was increased during the year.

In cases where it is advisable either for the purposes of isolation or treatment, and where such a course is possible, the County Council supplies a shelter on loan for erection in the patient's garden. Regular inspection of these shelters is made by health visitors or a technical officer of the department. On the 31st December, 1934, there were 111 shelters in use.

(iv) *Dispensaries.*

The principle, adopted in the scheme, for the provision of dispensaries is the establishment of a chief dispensary, which has available all the modern methods of diagnosis, and a number of branch dispensaries grouped round the main centres. This principle is best secured in the County by establishing the chief dispensaries at the County Sanatorium, Milford, and at the Public Assistance Hospitals at Kingston, Epsom, St. Helier (when available) and Reigate, while also retaining facilities for observation and diagnosis at Brompton Hospital. The scheme is being evolved along these lines, and there are now 19 dispensaries in all; a notable feature of the new arrangements is the increase in the number of evening sessions. The distribution of the dispensaries in the County is shown in the following table:—

Dispensary Arrangements.

Dispensary and Tel. No.	Address.	Day and Time of Meeting.	T.O. in Charge.
1. COBHAM	The Village Hall, Cobham ...	1st Wednesday at 10 a.m. ...	Dr. Renwick.
2. DORKING (Dorking 2079)	Dene Street, Dorking ...	1st and 3rd Thursdays at 10 a.m.	Dr. Campbell.
3. EGHAM	The Drill Hall, King's Road, Egham	3rd Wednesday at 10 a.m. ...	Dr. Renwick.
4. EPSOM (Epsom 9920)	The Chase, Epsom ...	1st, 2nd, 3rd and 5th Tuesdays at 2 p.m. 4th Tuesday at 5.30 p.m.	Dr. Campbell.
5. FARNHAM (Farnham 834)	Brightwells, East Street, Farnham	1st, 3rd and 5th Fridays, 2 to 4 p.m. 2nd Friday at 5.30 p.m.	Dr. Allison.
6. GODSTONE	The White Hart Barn, Godstone	1st Wednesday at 10 a.m. ...	Dr. Campbell.
7. GUILDFORD (Guildford 1297)	49, Farnham Road, Guildford...	1st, 3rd and 5th Wednesdays at 10 a.m. Fridays at 10 a.m. 2nd and 4th Wednesdays at 5.30 p.m.	Dr. Langford.
8. HORLEY	Technical Institute, Horley ...	2nd Wednesday at 10 a.m. ...	Dr. Campbell.
9. MILFORD (Godalming 870)	Milford Sanatorium ...	2nd and 4th Fridays 2 to 4 p.m.	Dr. Allison.
10. MITCHAM (Mitcham 3905)	Western Road, Mitcham ...	1st, 3rd and 5th Tuesdays at 1.30 p.m. Thursdays at 1 p.m. 4th Thursday at 5.30 p.m.	Dr. Attlee.
11. PURLEY (Purley 3549)	Whytecliffe Road, Purley ...	2nd, 3rd, 4th and 5th Mondays at 2 p.m. 1st Monday at 5.30 p.m.	Dr. Campbell.
12. REDHILL (Redhill 544)	1a, Cecil Road, Redhill ...	2nd, 3rd, 4th and 5th Thursdays at 2 p.m. 1st Thursday at 5.30 p.m.	Dr. Campbell.
13. RICHMOND (Richmond 0525)	38, Sheen Road, Richmond ...	1st, 3rd and 5th Tuesdays at 1.30 p.m. 2nd and 4th Tuesdays at 5.30 p.m.	Dr. Renwick.
14. ST. HELIER... ... (Mitcham 2358)	Middleton Road, St. Helier Estate, Morden	Monday at 1.30 p.m. 2nd Monday at 5.30 p.m.	Dr. Attlee.
15. SURBITON (Elmbridge 4897)	South Place, Surbiton Hill ...	Wednesday at 5.30 p.m. Friday at 1.30 p.m.	Dr. Renwick.
16. SUTTON (Sutton 5)	Public Hall, Church Road, Sutton	Wednesday at 2 p.m. 3rd Wednesday at 5.30 p.m.	Dr. Campbell.
17. WEYBRIDGE (Weybridge 523)	Locke King Clinic, Devonshire Road, Weybridge	2nd Wednesday at 10 a.m. 4th Monday at 5.30 p.m.	Dr. Renwick.
18. WIMBLEDON (Liberty 3775)	Council Schools, Aston Road, Raynes Park, S.W.20	Wednesday at 1.30 p.m. 1st Tuesday at 5.30 p.m. Friday at 9.30 a.m.	Dr. Attlee.
19. WOKING (Woking 1203)	Clarence Avenue, Woking ...	1st, 3rd, 4th and 5th Mondays at 10.0 a.m. 2nd Monday at 5.30 p.m.	Dr. Renwick.

On the 31st December, 1934, there were 2,856 persons on the dispensary registers, and the following table shows the work of the dispensaries during 1934 :—

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand Total	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—New Cases examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ...	274	237	8	7	17	44	38	28	291	281	46	35	653	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	3	2	3	—	8	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	243	305	148	117	813	
B.—Contacts examined during the year :—														
(a) Definitely tuberculous ...	18	29	3	4	—	3	2	1	18	32	5	5	60	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	2	2	—	2	6	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	89	203	255	232	779	
C.—Cases written off the Dispensary Register as :—														
(a) Recovered ...	30	32	—	3	9	14	14	11	39	46	14	14	113	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	336	522	406	352	1616	
D.—Number of Cases on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	1066	1096	38	33	99	185	180	145	1165	1281	218	178	2842	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	5	4	3	2	14	

1. Number of cases on Dispensary Register on January 1st	2,847	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	786
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	258	9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	11,002
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	528	10. Number of :— (a) Specimens of sputum, etc., examined (b) X-ray examinations made	1,098 328 in connexion with Dispensary work
4. Cases written off during the year as Dead (all causes)	311	11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	1
5. Number of attendances at the Dispensary (including Contacts)	8,980	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	1,384
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	180		
7. Number of consultations with medical practitioners :— (a) Personal	394		
(b) Other...	1,270		

In reference to the above table, it is interesting to note that the number of "contacts" examined during the year shows a notable increase, namely, from 666 in 1933 to 845 in 1934, giving a figure of 139.9 contacts examined per 100 deaths from tuberculosis.

Furthermore, the number of cases written off the Dispensary Register as "Recovered" also shows a marked increase, the number having increased from 65 in 1933 to 113 in 1934.

On the 31st December, 1934, there were 5,530 known cases of tuberculosis resident in the County, so that the 2,856 persons on the dispensary registers on that date represent 51.6 per cent. of the known cases.

(v) *Residential Treatment.*

The institutional accommodation, apart from Public Assistance Hospitals, provided in the Council's scheme is roughly divided into the following sections :—

(a) Pulmonary cases.

 County Sanatorium, Milford 300 beds
 Other hospitals and sanatoria 100 ,,

(b) Non-pulmonary cases.

 Special hospitals for surgical tuberculosis 140 ,,

 Total 540 ,,

The total represents the average number of beds occupied, but the numbers fluctuate throughout the year. During the greater part of the year there is a pressure on the accommodation; and, again, the association of the Public Health and the Public Assistance Committees has been beneficial in anti-tuberculosis work, as extensive use is made of the accommodation available for tuberculosis in the hospitals administered by the latter Committee.

In estimating the amount of residential accommodation required it is necessary to remember the rapid and continuing growth of the population of the County; consideration of this factor has resulted in the provision of 50 beds at the extended Reigate Hospital, and there will be another 50 beds for tuberculosis in the new St. Helier Hospital. Also, it is necessary to send cases of non-pulmonary tuberculosis to specially equipped hospitals such as Royal Sea-Bathing Hospital, Margate, St. Nicholas Hospital, Pyrford, Lord Mayor Treloar's Hospital, Alton, and others.

The use of the Public Assistance Hospitals in the Anti-Tuberculosis scheme has permitted an interchange of suitable patients with institutions within the Public Health Committee's scheme, and it is hoped to extend this arrangement so that the best use may be made of the institutional accommodation provided for tuberculous persons.

An important development in institutional work is the provision of occupational therapy at the County Sanatorium; reference to this innovation is made in the Medical Superintendent's report (page 34).

The number of pulmonary cases in institutions other than Milford on 31st December, 1934, was 107, and of non-pulmonary, 147.

During 1934 the number of cases recommended for institutional treatment was 938, which compares with 956 for the previous year. The following table gives a classification of these cases:—

	Pulmonary.						Non-Pulmonary.	
Males	372	26
Females	373	53
Children	29	85
Totals	774	164

Notice of the admission and discharge of all patients is sent to the district medical officers of health, as the local Sanitary Authorities are responsible for preventing the spread of infection. They are thus in a position to take such steps as they consider advisable or possible towards rendering the homes of the patients free from infection. Information about the clinical condition on discharge is sent to the patient's own doctor.

The following table contains the numbers and sex of all patients who received institutional treatment during 1934:—

	In Institutions on Jan. 1. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31. (5)
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	—	12	11	—
	Adult Females	2	24	25	—
	Children ...	—	10	10	—
	Total ...	2	46	46	—
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	179	297	235	45
	Adult Females	178	261	214	35
	Children ...	17	20	16	3
	Total ...	374	578	465	83
Number of patients suffering from non-pulmonary tuberculosis	Adult Males ...	36	16	15	6
	Adult Females	33	38	42	5
	Children ...	76	72	57	1
	Total ...	145	126	114	12
Grand Total	...	521	750	625	95
					551

The immediate results of treatment of definitely tuberculous patients discharged during 1934 from institutions approved for the treatment of tuberculosis are recorded in the following table:—

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.														Grand Totals.		
		Under 3 months but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent ..	5	1	—	8	19	—	3	6	3	3	—	4	19	26	7	52
		Not quiescent ..	—	5	—	7	8	—	4	2	3	1	4	1	12	19	4	35
		Died in Institution ..	—	1	—	—	1	1	—	1	—	—	—	—	—	3	1	4
Pulmonary Tuberculosis.	Class T.B. plus. Group 1.	Quiescent ..	—	2	—	1	1	—	5	1	1	2	1	—	8	5	1	14
		Not quiescent ..	2	1	—	10	6	—	15	6	—	7	2	1	34	15	1	50
		Died in Institution ..	2	—	—	1	—	—	—	2	—	—	1	—	3	3	—	6
Pulmonary Tuberculosis.	Class T.B. plus. Group 2.	Quiescent ..	—	—	—	3	1	—	4	5	—	3	—	—	10	6	—	16
		Not quiescent ..	16	6	—	34	33	2	21	30	—	14	17	—	85	86	2	173
		Died in Institution ..	1	1	—	6	1	—	4	3	—	2	6	—	13	11	—	24
Non-Pulmonary Tuberculosis.	Class T.B. plus. Group 3.	Quiescent ..	—	—	—	1	1	—	—	3	—	2	1	—	3	5	—	8
		Not quiescent ..	7	8	—	17	13	—	12	14	—	13	8	1	49	43	1	93
		Died in Institution ..	8	5	—	7	2	—	3	1	2	3	8	—	21	16	2	39
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent ..	—	2	1	—	2	—	1	4	4	3	7	13	4	15	18	37
		Not quiescent ..	—	2	—	1	2	—	—	2	—	—	2	—	1	8	—	9
		Died in Institution ..	—	—	—	1	1	—	—	—	1	3	2	—	4	3	1	8
Non-Pulmonary Tuberculosis.	Abdominal.	Quiescent ..	—	—	1	1	3	5	—	—	2	—	1	2	1	4	10	15
		Not quiescent ..	—	1	—	—	1	1	—	2	3	—	—	1	—	4	5	9
		Died in Institution ..	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
Non-Pulmonary Tuberculosis.	Other Organs.	Quiescent ..	—	2	—	1	1	—	3	—	1	—	—	1	4	3	2	9
		Not quiescent ..	—	—	—	1	—	—	—	1	—	—	1	—	1	2	—	3
		Died in Institution ..	—	—	—	—	—	—	1	—	—	—	1	—	1	1	—	2
Non-Pulmonary Tuberculosis.	Peripheral Glands.	Quiescent ..	—	1	1	1	—	4	1	—	8	—	—	2	2	1	15	18
		Not quiescent ..	—	—	1	—	1	1	—	—	—	—	—	—	—	1	2	3
		Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

The results of the observation of doubtfully tuberculous cases discharged from institutions during the year are as follows:—

Diagnosis on discharge from Observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						TOTALS		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	3	3	1	2	1	2	—	1	1	—	—	1	5	5	5
Non-tuberculous	2	3	—	4	10	3	—	1	1	—	5	—	6	19	4
Doubtful	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
TOTALS	5	7	2	6	11	5	—	2	2	—	5	1	11	25	10

At the end of 1934 there were 551 patients under treatment in residential institutions, and these patients were distributed as follows:—

	Pulmonary.	Non-Pulmonary.	Totals.
County Sanatorium	297	—	297
Other Institutions :			
(a) Hospital	20	147	167
(b) Sanatorium	87	—	87
Totals	404	147	551

The above statistics refer only to cases coming within the scope of the Anti-Tuberculosis Scheme of the Public Health Committee, and do not include patients in residence at the hospitals administered by the Public Assistance Committee. Reference to these patients appears on page 42.

(vi) *Care Organisation.*

The new scheme envisaged the development of care organisation in association with the tuberculosis dispensaries. This is an aspect of the Anti-Tuberculosis scheme which has not obtained hitherto the attention which it requires, and its neglect often results in rendering useless much of the expenditure in diagnosis and treatment. A lengthy reference to care work was made in the Annual Report for 1933, and it only remains to be said that the importance of the work has now been fully appreciated by the establishment of voluntary care committees in association with practically all the dispensaries and of a central Standing Conference to bind these district committees together. A highly important and encouraging feature is the great interest in the care of tuberculous persons shown by the boroughs and district councils within the Administrative County.

(5) PUBLIC HEALTH ACT, 1925—SECTION 62 (COMPULSORY REMOVAL OF TUBERCULOUS PATIENTS TO HOSPITAL).

No action was taken under this section during 1934.

REPORT ON THE WORK OF THE COUNTY SANATORIUM, MILFORD, DURING THE YEAR 1934.

By R. J. Allison, M.R.C.S., L.R.C.P., Medical Superintendent.

1. The County Sanatorium, Milford, provides 300 beds in all, 150 for each sex; the beds have all been occupied throughout the year and the waiting list has varied between 6 and 42, this furnishing a somewhat smaller average than in previous years.

2. The following table shows the movement of patients during the year:—

	In Sanatorium Jan. 1st, 1934.		Admissions during 1934.		Discharges during 1934.		Deaths during 1934.		In Sanatorium Dec. 31st, 1934.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
T.B. Negative	9	32	67	83	30	52	1	—	15	14
T.B. Positive—Early	3	3	—	—	5	14	—	—	2	6
Intermediate	61	50	81	69	101	99	—	—	56	58
Advanced	77	65	109	97	82	60	38	25	77	71
Totals	150	150	257	249	218	225	39	25	150	149
Grand Totals	300		506		443		64		299	

3. The patients who have been discharged from, or died in, the Sanatorium since it opened were engaged in the following occupations before admission:—

	<i>Male.</i>	<i>Female.</i>		<i>Male.</i>	<i>Female.</i>
Housewife ...	...	486		Butcher ...	12
Clerical ...	191	107		Bus Conductor ...	12
Other Domestic Workers ...	...	236		Porter ...	12
Shop Assistants ...	57	63		Children's Nurse ...	—
Labourer ...	99	—		Storeman ...	10
Motor Driver ...	93	—		R.N. Sailor ...	10
Nurse ...	15	57		Shop Manager ...	10
Fitter, etc. ...	66	—		Police Constable ...	8
Gardener ...	55	—		Civil Servant ...	8
Painter and Decorator ...	48	—		Baker ...	7
Factory Worker ...	—	41		Milkman ...	7
Carpenter ...	40	—		Postman ...	7
Helping at Home ...	—	39		Wireless Dealer ...	6
Needleworker ...	—	36		R.N. Stoker ...	6
Printer ...	35	—		Warehouseman ...	6
Schoolchild ...	16	18		Leatherworker ...	5
Laundry ...	4	28		Fishmonger ...	5
Traveller ...	26	—		Shoemaker ...	4
Electrician ...	26	—		Builder's Labourer ...	4
Waiter ...	7	18		Plumber ...	4
Bricklayer ...	18	—		Groom ...	4
Soldier ...	16	—		Collector ...	4
Teacher ...	—	13		None ...	15
Telephonist ...	4	8		Other ...	41
					340
					51
				Total	1322
					1253
					2,575

4. Patients who left the Sanatorium during the year came from the following districts:—

<i>Urban Districts.</i>		<i>Urban Districts.</i>		
Mitcham ...	47	Walton and Weybridge ...	14	
Merton & Morden ...	44	Caterham & Warlingham ...	6	
Sutton & Cheam ...	42	Egham ...	5	
Wimbledon ...	40	Chertsey ...	5	
Richmond ...	26	Esher ...	4	
Coulsdon & Purley ...	21	Frimley & Camberley ...	4	
Guildford ...	20	Leatherhead ...	4	
Reigate ...	17	Molesey, E. & W. ...	4	
Kingston ...	15	Haslemere ...	3	
Carshalton ...	15			
Surbiton ...	13			
Epsom ...	13			
Beddington & Wallington ...	12	<i>Rural Districts.</i>		
Woking ...	12	Guildford ...	22	
Barnes ...	10	Epsom ...	8	
Farnham ...	9	Dorking & Horley ...	9	
Dorking ...	8	Hambledon ...	7	
Maldens & Coombe ...	8	Godstone ...	6	
Godalming ...	7	Bagshot ...	5	
		Outside County ...	2	
			Total	487

5. The age distribution of these patients was as follows:—

	0—19 years.	20-24 years.	25-29 years.	30-34 years.	35-39 years.	40-44 years.	45-49 years.	50 years.	Total.
Male ...	30	46	49	32	28	20	19	25	249
Female ...	34	55	55	35	21	13	13	12	238
Total ...	64	101	104	67	49	33	32	37	487

These figures exclude duplicate discharges (20).

6. The average lengths of stay of these patients were:—

Male 199 days.
Female 218 "

7. The numbers of patients staying for various periods were as follows :—

Period.	Male.		Female.		Total.
	Discharges.	Deaths.	Discharges.	Deaths.	
Less than three months ...	41	18	45	7	111
Three to six months ...	83	12	84	5	184
Six to twelve months ...	64	5	68	4	141
More than a year ...	30	4	28	9	71
Total ...	218	39	225	25	507

8. The " Immediate Results " of treatment (*i.e.*, the conditions on discharge) were :—

	Male.	Female.	Total.
Non-Tuberculous ...	...	10	10
Quiescent ...	26	47	73
Improved ...	135	89	224
No material improvement ...	57	79	136
	218	225	443
	<u> </u>	<u> </u>	<u> </u>

9. These results are shown in greater detail in the two following tables :—

MALE.

Classification on Admission.	No.	Non.-T.B.	Classification on Discharge.			Died.
			Quiescent.	Improved.	No material improvement.	
Observation ...	...	1	—	—	—	1
T.B. Negative ...	...	68	—	19	28	15
T.B. Positive Group 1 ...	...	—	—	—	—	—
,, ,, 2 ...	67	—	6	55	5	1
,, ,, 3 ...	121	—	1	52	36	32
Total ...	...	257	—	26	135	57
						39

FEMALE.

Classification on Admission.	No.	Non.-T.B.	Classification on Discharge.			Died.
			Quiescent	Improved.	No material improvement.	
Observation ...	...	17	10	1	1	5
T.B. Negative ...	...	85	—	34	10	37
T.B. Positive Group 2 ...	...	61	—	8	46	7
,, ,, 3 ...	87	—	4	32	30	21
Total ...	...	250	10	47	89	79
						25

10. Cases sent in for observation and diagnosis.

There were 18 such cases. In 10 no evidence of active Tuberculosis was found.

11. DEATHS.

There were 39 male and 25 female patients who died during the year.

Tuberculosis was the cause of death in all and, excepting one, they had all shown Tuberle Bacilli before death.

The exception was a case of the Pulmonary type of Miliary Tuberculosis.

The following important complications were found amongst these patients :—

Haemoptysis (as an immediate cause of death) ...	...	...	4
Spontaneous Pneumothorax ...	...	...	4
Artificial Pneumothorax (including Empyemata) ...	...	...	7
Tuberculous Laryngitis (severe) ...	...	...	4
Tuberculous Meningitis ...	...	...	3
Miliary Tuberculosis (Pulmonary type) ...	...	...	2
Tuberculosis of Joints ...	...	...	1
Tuberculous Nephritis ...	...	...	1
Tuberculous Peritonitis ...	...	...	1
Rodent Ulcer ...	...	...	1

12. The average ages at death were :—

Male 37 years 2 months.
Female 29 years 10 months.

The average stay of these patients in Sanatorium was :—

Male 155 days.
Female 304 ,,

13. Of the 188 male and 173 female patients in whose sputum Tuberle Bacilli had been found at some time, 35 males and 81 females had negative or no sputum on discharge.

14. Of those patients who were discharged during the year the weight changes were :—

	Male.	Female.
Gain	161	179
Loss	29	10
Presumed loss	10	21
No change	8	6
Unknown	10	9

15. SPECIAL DEPARTMENTS.

Laboratory.—1,246 specimens of sputum were examined, and of these 738 showed Tuberle Bacilli.

149 specimens of faeces were examined and 37 showed Tuberle Bacilli.

X-Ray.

Number of Radiograms taken 1,321
Number of screen examinations 3,521

Dental.—Mr. F. R. Salsbury holds a session weekly. This work is an indispensable part of the treatment of Tuberculosis.

Out-Patients.—The number of out-patients attending for regular refills of Artificial Pneumothorax cavities increased during the year from 62 to 78.

16. The principles of treatment by general and local pulmonary rest remain unchanged.

The number of patients receiving surgical treatment (including Artificial Pneumothorax) for their Pulmonary condition continues to increase.

About 40 patients were transferred to London Hospitals (nearly all to the City of London Chest Hospital) for the operations of Phrenic Evulsion, Phrenic Crush, Thoracoplasty, Apicolysis and intra-pleural Pneumolysis.

63 new inductions were performed during the year.

17. AFTER HISTORIES.

Reports on the progress of patients after discharge continue to be received, and I wish to take this opportunity of thanking the other members of the County Tuberculosis Service for the care and trouble they take in collecting this important and interesting information.

The following tables show the condition of patients on various anniversaries of their discharge from Milford. They are classified according to the " Immediate Results of Treatment."

Notes and comments on the Figures in the Tables relating to the after histories of patients.

The tables aim at giving as accurate a picture as possible of the condition of patients at various periods after their discharge from Milford.

The following classes of patient are excluded from them as it is thought that they would detract from the value of the figures :—

(a) patients staying in the Sanatorium for less than 50 days.

(b) patients found to be non-tuberculous.

(c) patients who are admitted more than once are included in the tables once only.

The column headed " Working " includes those patients known to be working and also a few of whom the Tuberculosis Officer has reported that they are fit for work but unemployed.

The column " Not Working " includes all other patients who are known to be alive. It includes a number of patients about whom no information as to their working capacity is available.

MALES—TUBERCLE BACILLI NEVER FOUND.

Year of discharge.	Total discharges.	"Immediate Result" on discharge.		Condition 1 year later.				2 years later.				3 years later.				4 years later.				5 years later.			
		Working.	Not Working.	Dead.	Not Dead.	Information.	Working.	Not Working.	Dead.	Not Dead.	Information.	Working.	Not Working.	Dead.	Not Dead.	Information.	Working.	Not Working.	Dead.	Not Dead.	Information.		
1929	42	Quiescent	...	...	...	3	1	—	—	—	—	3	—	—	—	—	2	—	—	—	—
		Improved	...	...	...	29	5	—	—	—	—	28	3	—	—	—	24	4	—	—	4
		{ No material improvement		...	...	2	2	2	2	—	—	2	2	—	—	3	—	—	—	—	—
1930	34	Quiescent	...	...	...	10	5	—	—	—	—	9	2	—	—	—	5	—	—	—	—
		Improved	...	...	...	11	3	—	—	—	—	10	3	—	—	—	10	1	—	—	3
		{ No material improvement		—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	
1931	19	Quiescent	...	...	...	6	4	—	—	—	—	6	3	—	—	—	4	1	—	—	—
		Improved	...	...	...	3	2	—	—	—	—	3	2	—	—	—	2	—	—	—	—
		{ No material improvement		...	...	2	1	—	—	—	—	2	1	—	—	—	1	—	—	—	—
1932	22	Quiescent	...	...	...	8	3	—	—	—	—	9	2	—	—	—	—	—	—	—	—
		Improved	...	...	...	7	1	—	—	—	—	2	1	—	—	—	2	—	—	—	—
		{ No material improvement		...	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1933	25	Quiescent	...	...	...	10	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—
		Improved	...	...	...	7	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—
		{ No material improvement		...	...	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—

MALES—IN WHOM TUBERCLE BACILLI HAVE BEEN FOUND AT SOME TIME BEFORE DISCHARGE.

Year of discharge.	Total discharges.	"Immediate Result" on discharge.		Condition 1 year later.				2 years later.				3 years later.				4 years later.				5 years later.			
		Working.	Not Working.	Dead.	Not Dead.	Information.	Working.	Not Working.	Dead.	Not Dead.	Information.	Working.	Not Working.	Dead.	Not Dead.	Information.	Working.	Not Working.	Dead.	Not Dead.	Information.		
1929	146	Quiescent	...	...	...	51	29	—	—	—	—	42	12	—	—	—	21	7	9	27	—
		Improved	...	...	...	6	24	—	—	—	—	7	15	8	—	2	3	6	7	27	
		{ No material improvement		...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
1930	111	Quiescent	...	...	...	1	—	—	—	—	—	1	—	—	—	—	14	4	—	—	—
		Improved	...	...	...	25	35	—	—	—	—	20	9	—	—	—	17	4	—	—	—
		{ No material improvement		...	...	2	18	25	—	—	—	2	11	5	—	—	2	3	—	—	—
1931	111	Quiescent	...	...	...	5	—	—	—	—	—	1	—	—	—	—	11	4	—	—	—
		Improved	...	...	...	28	41	3	—	—	—	29	5	1	—	—	10	4	—	—	—
		{ No material improvement		...	...	—	9	18	5	—	—	5	1	—	—	—	25	7	—	—	—
1932	136	Quiescent	...	...	...	5	—	—	—	—	—	7	—	—	—	—	26	4	—	—	—
		Improved	...	...	...	38	34	7	—	—	—	1	—	—	—	—	10	8	—	—	—
		{ No material improvement		...	...	1	20	18	4	—	—	5	—	—	—	—	6	6	—	—	—
1933	151	Quiescent	...	...	...	7	—	—	—	—	—	36	6	—	—	—	11	16	—	—	—
		Improved	...	...	...	5	—	—	—	—	—	32	6	—	—	—	—	—	—	—	—
		{ No material improvement		...	...	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—

FEMALES—TUBERCLE BACILLI NEVER FOUND.

FEENYALES—IN WHOM TUBERCLE BACILLI HAVE BEEN FOUND AT SOME TIME BEFORE ADMISSION.

Year of discharge	Total discharges.	"Immediate Result" on discharge.			Condition 1 year later.			2 years later.			3 years later.			4 years later.			5 years later.			
		Working.	Not Working.	No Information.	Working.	Not Working.	No Information.	Working.	Not Working.	No Information.	Working.	Not Working.	No Information.	Working.	Not Working.	No Information.	Working.	Not Working.	No Information.	
1929	102	{ Quiescent Improved [No material improvement]	— 33 2	— 24 17	— 1 23	— 2 —	— 20 7	— 7 9	— — —	— 22 1	— 17 6	— 3 3	— 10 —	— 18 5	— 3 1	— 14 1	— 5 2	— 4 —
1930	91	{ Quiescent Improved [No material improvement]	... ... ...	... ... ...	12 35 1	4 10 7	— — —	— 19 —	1 16 2	— 1 5	— 4 3	4 10 1	— 17 10	1 2	— 5 8	— 7 3	— 13 1	— 6 2	— 4 —
1931	107	{ Quiescent Improved [No material improvement]	... ... ...	... ... ...	13 17 1	6 23 9	— 6 —	— 3 —	3 14 2	— 6 3	— 3 3	2 14 1	— 13 1	1 14	— 2 1	— 6 1	— 19 2	— 5 —	— 1 —
1932	126	{ Quiescent Improved [No material improvement]	... ... ...	... ... ...	7 31 1	2 34 11	— 3 —	— 1 —	1 3 20	— 1 2	— 3 1	3 14 1	— 13 1	1 14	— 2 1	— 6 1	— 19 2	— 5 —	— 1 —
1933	117	{ Quiescent Improved [No material improvement]	... ... ...	... ... ...	— 28 1	— 11 —	— 1 —	— — —	— 1 —	— 1 —	— — —	— 1 —	— 16 —	— 1 —	— — —	— — —	— — —	— — —	

18. Occupation is provided for suitable cases in the garden, carpenter's and engineer's shops, and in looking after the pigs.

The specially qualified handicrafts instructress, appointed in 1933, teaches to selected cases various crafts, including leather work, basket work, stool seating, embroidery and book-binding. The patients are keenly interested and no difficulty has been found in disposing of the articles produced by them.

The number of patients receiving such instruction on 31st December, 1934, was :—

Men	45	Women	30
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19. FARM AND GARDEN.

Kitchen Garden.—The value of the total produce raised reached a new high record at £821, of which £641 was used in the Sanatorium and £180 sold to other institutions, tradesmen and staff.

Pigs.—The pig area has been extended and the herd maintained.

The accounts for this section also show a surplus on the year's working.

HOSPITAL PROVISION IN THE COUNTY.

The continuing rapid growth in population and the increasing public demand for hospital service have intensified the already acute problem of hospital provision in the County. During 1934 the total hospital accommodation within the County increased by 109 beds, and the following table shows the total number of beds in all hospitals on the 31st December, 1934, and on the 31st December of the previous year :—

Hospitals.		1933	1934
Public Assistance Hospitals	...	2,054	2,147
Voluntary Hospitals	...	1,367	1,383
Isolation Hospitals	...	835*	835*
Mental Hospitals	...	3,086	3,086
Mental Deficiency Institutions—			
Public Assistance Committee	...	30	30
Mental Hospitals Committee	...	455	455
TOTALS	...	7,827	7,936

* The available accommodation on the basis of 144 sq. ft. per bed is 683 beds.

I. Public Assistance Hospitals.

(a) ACCOMMODATION.

The Public Assistance Committee has frequently had under consideration the problem of shortage of beds in its hospitals, and further conversion of "house" accommodation to hospital purposes has been undertaken. The limit of such conversion has now been reached and the County Council, faced with the need for additional accommodation, have given consideration to new building. During 1934 the number of beds available in Public Assistance Hospitals increased from 2,054 to 2,147; the new accommodation was provided mainly at the Central Relief Institution, Kingston (approximately 50 beds), and Dorking (approximately 40 beds).

New building work was commenced at Reigate, where by alteration and extension of the hospital, 149 additional beds will become available. This additional accommodation will allow the full use of Blechingley Institution for mental deficiency purposes, and the 86 chronic sick patients accommodated there will be transferred to Reigate.

While the problem of the South-Eastern district, complicated by the appropriation of Blechingley to mental deficiency purposes, was being solved by the new extensions at Reigate, a more acute problem of hospital provision had arisen in the Mid-Eastern district of the County. Towards the end of 1934 the County Council was considering the details of the erection of the new general hospital of about 850 beds in that district and situated at St. Helier. A lay-out plan of the new hospital has been approved by the County Council and detailed plans are now being prepared.

On the 31st December, 1934, the distribution of beds in Public Assistance Hospitals was :—

Hospital.	Men.	Women.	Children.	Totals.
Blechingley	43	41	2	86
Dorking	74	81	3	158
Epsom	139	145	20	304
Farnham	129	115	18	262
Guildford	94	146	26	266
Hambleton	37	37	4	78
Kingston { Hospital ...	143	305	102	550
Kingston { Institution ...	—	51	—	51
Reigate	55	64	13	132
Richmond	117	133	10	260
TOTALS	831	1,118	198	2,147

The classification of this accommodation and the extent to which it was utilised on the 31st December, 1934, are shown in the following table :—

Classification.	Men.		Women.		Children.		Totals.	
	* A	O	A	O	A	O	A	O
i Medical and Surgical ...	770	664	961	781	58	69	1789	1514
ii Children ...	—	—	—	—	132	81	132	81
iii Maternity ...	—	—	94	49	—	—	94	49
iv Tuberculosis ...	33	30	31	22	—	—	64	52
v Isolation ...	12	—	13	2	8	1	33	3
vi Mental (short stay) ...	14	7	12	2	—	—	26	9
vii Mental (long stay) ...	2	2	7	7	—	—	9	9
TOTALS	831	703	1,118	863	198	151	2,147	1,717

* A = Available. O = Occupied.

The following series of tables shows in greater detail the beds available and occupied for each of the seven classes given in the preceding table.

i. MEDICAL AND SURGICAL.

Hospital.	Men.		Women.		Children.		Totals.	
	* A	O	A	O	A	O	A	O
Blechingley	43	41	37	34	—	—	80	75
Dorking	72	46	77	39	2	1	151	86
Epsom	128	113	119	103	6	12	253	228
Farnham	116	86	98	83	—	—	214	169
Guildford	91	81	135	99	—	15	226	195
Hambleton	37	36	35	31	—	—	72	67
Kingston { Hospital ...	128	118	237	212	34	27	399	357
Kingston { Institution ...	—	—	51	47	—	—	51	47
Reigate	43	41	50	42	6	4	99	87
Richmond	112	102	122	91	10	10	244	203
TOTALS	770	664	961	781	58	69	1,789	1,514

* A = Available. O = Occupied.

ii. CHILDREN.

Hospital.	Available.		Occupied.	
Blechingley	2	2	—	—
Dorking	—	—	—	—
Epsom	14	13	—	—
Farnham	18	10	—	—
Guildford	26	16	—	—
Hambleton	4	2	—	—
Kingston	68	38	—	—
Reigate	—	—	—	—
Richmond	—	—	—	—
TOTALS	132	81	—	—

iii. MATERNITY.

Hospital.							Available.	Occupied.
Blechingley	...	...	...	...	...	...	4	1
Dorking	...	...	...	...	...	...	3	—
Epsom	...	...	...	...	...	...	17	15
Farnham	...	...	...	...	...	...	8	3
Guildford	...	...	...	...	...	...	8	5
Hambledon	...	...	...	...	...	...	2	—
Kingston	...	...	...	...	...	...	40	19
Reigate	...	...	...	...	...	...	6	1
Richmond	...	...	...	...	...	...	6	5
TOTALS	...	...	...	...	...	...	94	49

iv. TUBERCULOSIS.

Hospital.	Men.		Women.		Children.		Totals.	
	A	O	A	O	A	O	A	O
Blechingley	—	—	—	—	—	—
Dorking	—	—	—	—	—	—
Epsom	7	6	6	5	—	13 11
Farnham	12	12	8	3	—	20 15
Guildford	—	—	—	—	—	—
Hambledon	—	—	—	—	—	—
Kingston	8	6	14	11	—	22 17
Reigate	3	3	—	—	—	3 3
Richmond	3	3	3	3	—	6 6
TOTALS	33	30	31	22	—	64 52

* A = Available. O = Occupied.

v. ISOLATION.

Hospital.	Men.		Women.		Children.		Totals.	
	A	O	A	O	A	O	A	O
Blechingley	—	—	—	—	—	—
Dorking	1	—	—	—	1	1
Epsom	—	—	—	—	—	—
Farnham	—	—	—	—	—	—
Guildford	3	—	3	2	—	6 2
Hambledon	—	—	—	—	—	—
Kingston	—	—	2	—	—	2
Reigate	8	—	8	—	7	23
Richmond	—	—	—	—	—	—
TOTALS	12	—	13	2	8	1 33 3

* A = Available. O = Occupied.

vi. MENTAL (SHORT STAY).

Hospital.	Men		Women		Children		Totals	
	A	O	A	O	A	O	A	O
Blechingley	—	—	—	—	—	—
Dorking	1	—	1	—	—	2
Epsom	4	—	3	—	—	7
Farnham	—	—	—	—	—	—
Guildford	—	—	—	—	—	—
Hambledon	—	—	—	—	—	—
Kingston	6	6	6	1	—	12 7
Reigate	1	—	—	—	—	1
Richmond	2	1	2	1	—	4 2
TOTALS	14	7	12	2	—	26 9

* A = Available.

O = Occupied.

vii. MENTAL (LONG STAY).

Classification.	Men		Women		Children		Totals	
	A.	O.	A.	O.	A.	O.	A.	O.
Farnham	1	1	1	1	—	—	2	2
Kingston	1	1	6	6	—	—	7	7
TOTALS	2	2	7	7	—	—	9	9

* A = Available. O = Occupied.

In addition, there are still 30 beds in the Dorking and Reigate Institutions approved by the Board of Control for the reception of certified cases of mental deficiency, as follows:—

Institution	Men	Women	Totals
Dorking	3	12	15
Reigate	6	9	15
TOTALS	9	21	30

At the end of 1934 there were only 2 Surrey cases in the Mayday Road Hospital, and 14 in the Queen's Road Homes, Croydon. The County Council, by agreement with the Berkshire County Council, still possesses the right to send up to 80 cases to the Windsor Institution, and there were 55 cases in that Institution on 31st December, 1934.

A few Hampshire and Middlesex cases are still being admitted into the Farnham and Kingston Hospitals respectively, but these consist of emergency cases—accident or sudden illness.

(b) WORK DONE IN PUBLIC ASSISTANCE HOSPITALS.

General.

The work done in Public Assistance Hospitals continues to increase. For example, the number of admissions during the year increased by 655 over the number during 1933, and the average number of beds occupied also increased by 81.

The use made of the various hospitals is shown statistically in the following table:—

	Blechingley	Dorking	Epsom	Farnham	Guildford	Hambledon	Kingston	Reigate	Richmond	Totals
							Hospital	Institution		
1. Total No. of admissions	...	197	2,351	1,023	1,197	191	97	644	911	11,524
2. Total No. of discharges	...	135	2,019	870	998	154	40	551	689	9,753
3. Total No. of deaths	...	56	342	164	200	25	10	98	237	1,781
4. Averaged duration of stay of patients included in 2 and 3 above—										
(a) Under four weeks	...	125	101	1,665	750	642	107	3,777	22	8,216
(b) Four weeks and under thirteen weeks	...	50	17	469	177	248	47	544	11	1,954
(c) Thirteen weeks or more	...	16	119	227	107	308	25	388	17	127
5. No. of beds occupied—										
(a) Average during the year	...	78	91	281	208	222	64	485	46	1,04
(b) Highest and date	...	85	104	307	219	249	72	559	51	222
(c) Lowest and date	...	68	87	252	179	203	58	431	120	251
6. No. of surgical operations under general anaesthetic (excluding dental operations)	...	2nd June	12th Dec.	25th Aug.	22nd Sept.	8th Nov.	1st Jan.	6th Sept.	13th Feb.	12th April
7. No. of abdominal sections	...	—	—	251	98	94	—	1,018	—	—
		59	21	52	—	—	312	—	16	6
									466	

Of the patients who left the hospitals during the year by discharge or death, 71.2 per cent. had been in hospital for 4 weeks or less, and only 11.8 per cent. had been in for 13 weeks or more. These figures compare with 69.8 per cent. and 12.9 per cent. respectively for the preceding year.

Maternity.

The marked increase in the volume of maternity work undertaken at the various hospitals continues. The number of maternity cases admitted in 1934 was 1,393 as compared with 1,268 in 1933, an increase of 125 cases.

Details of the maternity work done in the various hospitals during the year are given below :—

	Blechingley	Dorking	Epsom	Farnham	Guildford	Hambledon	Kingston	Reigate	Richmond	Totals
1. No. of Maternity Beds	4	3	17	8	2	40	6	6	94	94
2. No. of Maternity cases admitted	23	5	318	96	13	616	88	83	1,393	1,393
3. Average duration of stay (days)	14	14	14	13	14	16	21	14	15	15
4. No. of live births	23	4	302	138	85	9	576	82	77	1,296
5. No. of cases delivered by—										
(A) Midwives	...	...	23	—	298	138	70	8	544	82
(B) Doctors	...	...	—	5	20	6	24	2	53	6
6. Number of cases in which medical assistance was sought by a Midwife in emergency	—	—	20	18	20	2	143	21	5	229
7. No. of cases notified as—										
(A) Puerperal fever	...	...	—	1	—	5	—	—	1	2
(B) Puerperal pyrexia	...	...	1	—	—	—	—	—	4	13
8. Number of cases of pemphigus neonatorum	—	—	—	—	1	—	—	1	—	—
9. No. of cases of ophthalmia neonatorum	—	—	—	—	—	—	—	1	—	3
10. No. of infants not entirely breast-fed while in the hospital	—	—	—	17	6	7	—	—	—	72
11. No. of Maternal deaths	...	...	—	—	3	1	—	11	1	18
12. No. of foetal deaths—										
(A) Stillborn	...	...	—	1	18	8	9	1	27	7
(B) Within 10 days of birth	...	...	—	6	—	—	—	—	11	2
13. No. of deaths among the newly born (Under four weeks)	—	—	—	10	—	—	—	—	13	2
	—	—	—	—	—	—	—	—	—	4
	—	—	—	—	—	—	—	—	—	29

Tuberculosis.

During 1934 there was no reduction in the pressure on the beds available for tuberculosis, and it was still necessary, in many cases, to accommodate tuberculous persons in chronic medical wards, although so far as was practicable these cases were sent only to certain hospitals and were under

the supervision of the tuberculosis officers of the Council. Although there were 277 admissions during the year as compared with 295 for the previous year, the number of patients remaining in hospital on the 31st December, 1934, was 69 as compared with 63. The available accommodation reserved for cases of tuberculosis is given on page 41, and a detailed table of the cases dealt with during the year is given below :—

Classification.		In Hospitals on Jan. 1st.	Admitted during the year	Discharged during the year.	Died in the Hospitals.	In Hospitals on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males ...	30	133	65	60	38
	Adult Females	25	103	64	40	24
	Children ...	1	7	4	2	2
	TOTALS ...	56	243	133	102	64
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment	Adult Males ...	1	12	3	8	2
	Adult Females	5	9	11	1	2
	Children ...	1	13	6	7	1
	TOTALS ...	7	34	20	16	5
GRAND TOTALS		63	277	153	118	69

Out-Patient Treatment.

The only Public Assistance Hospital having a recognised Out-Patient Department is the Kingston and District Hospital and the facilities provided include the following :—

- (1) continuation of treatment commenced when the patient was an in-patient of the hospital ; such continuation treatment may mean dressings, massage, electrical treatment, etc. ;
- (2) emergency treatment, such as sudden illness or accident ;
- (3) minor medical and surgical illness ;
- (4) mental treatment clinic ; this clinic was established under the Mental Treatment Act, 1930 ;
- (5) ante-natal clinic ; this clinic is associated with the maternity unit of the hospital, and provides ante-natal supervision for persons who have applied for in-patient treatment ;
- (6) ophthalmic clinic.

The volume of work carried out at the Out-Patient Department of the Kingston and District Hospital increased considerably during the year, e.g., the number of patients seen increased from 3,055 in 1933 to 3,460 in 1934, and the total number of attendances made increased by 2,353 or 16.4 per cent.

With regard to the ante-natal clinic, the number of women seen rose from 579 in 1933 to 644 in 1934, and the number of attendances increased by 769 or 24.9 per cent.

A summary of the work done in the Department during the year as compared with 1933 is given below :—

		1933.	1934.
Number of persons seen	... ... ... ... ...	3,055	3,460
Number subsequently admitted as in-patients	... ...	440	418
Number who had received in-patient treatment	... ...	405	460
Total number of attendances	... ... ... ...	14,320	16,673
Ante-natal clinic :—			
Number of women seen	... ... ... ...	579	644
Total number of attendances	... ... ... ...	2,683	3,452

Diseases of In-Patients who Died or were Discharged.

A classification of the diseases of those in-patients who died or were discharged from Public Assistance Hospitals during 1934 is given on pages 46A and 46B.

(c) MEDICAL AND NURSING STAFFS OF PUBLIC ASSISTANCE HOSPITALS.

The numbers and designations of the medical and nursing staffs of the Public Assistance Hospitals at the end of 1934 were as follows :—

Designation.	Blech- ingley.	Dorking	Epsom	Farn- ham.	Guild- ford.	Hamble- don.	King- ston.	Reigate.	Rich- mond.
Medical Superintendent (Resident)	—	—	—	—	—	—	1	—	—
Medical Officer (Non-Resident) ...	—	—	—	—	1	—	—	—	—
Medical Officer (Part-time) ...	1	1	1	1	—	1	—	1	1
Assistant Medical Officer (Part-time)	1	—	1	2	—	—	—	—	1
Assistant Medical Officer (Resident)	—	—	1	—	1	—	4	—	—
Consultant Surgeon ...	...	—	—	—	1	1	—	—	1
					(Hon.)				
Visiting Tuberculosis Officer ...	—	—	1	1	—	—	1	1	1
Consultant Radiologist ...	—	—	—	1	1	—	1	—	—
Consultant Ophthalmic Surgeon ...	—	—	—	—	—	—	1	—	—
Physician (Part-time) at Mental Treatment Clinic ...	...	...	—	—	—	—	1	—	—
Matron ...	...	—	—	1	1	1	—	1	1
Assistant Matron ...	...	—	—	—	—	—	2	—	—
Superintendent Nurse ...	...	...	1	—	—	—	—	—	1
Assistant Superintendent Nurse ...	—	—	—	1	1	1	—	—	—
Head Nurse ...	...	...	—	1	—	—	1	—	—
Sister Tutor ...	...	...	—	—	—	—	1	—	—
Home Sister ...	...	...	—	—	1	—	—	1	—
Sister Housekeeper ...	...	...	—	—	—	—	1	—	—
Night Sister ...	...	...	—	—	2	1	1	2	—
Departmental Sister ...	...	...	—	—	—	—	4	—	—
Ward Sister ...	...	...	—	1	6	5	5	3	8
Staff Nurse (General) ...	...	...	2	—	8	5	6	—	13
Do. (Maternity) ...	...	—	—	—	2	—	3	—	4
Do. (Mental) ...	...	—	—	—	—	—	—	3	—
Senior Assistant Nurse ...	...	...	—	1	—	—	—	—	6
Assistant Nurse ...	...	...	6	5	2	5	—	7	10
Do. (Mental) ...	...	—	—	—	—	—	—	7	—
Pupil Midwife ...	...	—	—	—	—	—	—	9	—
Probationer ...	...	—	—	33	19	36	—	77	—
Male Nurse (Uncertificated) ...	...	1	1	—	—	—	—	—	6
Attendant (Male) ...	...	3	3	—	—	3	—	3	—
Attendant (Female) ...	...	—	3	—	—	—	—	—	1
Masseuse (Part-time) ...	...	—	—	—	—	1	—	2	—
Dispenser ...	...	—	—	—	1	1	1	—	2

(d) HOME NURSING.

Full details were given in last year's report of the scheme for the home nursing of public assistance cases which came into operation on the 1st November, 1933. Briefly, the scheme applies to the following three classes of patients :—

- (i) destitute cases recommended for home nursing by the District Medical Officer ;
- (ii) patients recommended for hospital treatment (by the District Medical officer or private practitioner) who are, in the opinion of the doctor in attendance, suitable for treatment at home if the home conditions are satisfactory and adequate medical treatment and supervision, together with skilled nursing, are made available in the home ;
- (iii) patients in Public Assistance Hospitals who are, in the opinion of the Medical Officer, suitable for treatment at home if the home conditions are satisfactory, and adequate medical treatment and supervision, together with skilled nursing, are made available in the home.

There were 98 nursing associations affiliated to the Surrey County Nursing Association and 19 other nursing associations participating in the scheme during the year, and grants were made to these associations on the basis of the number of visits made by the district nurses attached to the associations.

Under the scheme, 8,372 visits were made to 196 patients during the year ended 31st December, 1934. It will be seen that good use was made of the scheme during the year, but as this was the first full year's working, no comparative figures can be given. The result is, however, very encouraging, and it is hoped that the scheme will be used to a still greater extent during the present year.

(e) ADAPTATIONS IN PUBLIC ASSISTANCE HOSPITALS AND INSTITUTIONS.

Consideration was given to improving the Public Assistance Hospitals and Institutions throughout the year, and the following list includes some of the improvements completed, authorised or in process of being carried out at the end of 1934 :—

Centralised Laundries.

The work on the new regional laundries at Kingston and Farnham was commenced during the year, and good progress has been made. Early in 1935 the regional laundry at Kingston was completed, and it is hoped that the Farnham Laundry will be finished at an early date. Working drawings for the new regional laundry at Epsom are in course of preparation.

Dorking.

Conversion of "House" accommodation to provide for a further 40 hospital beds.
Further improvement of the heating and hot water services.
Provision of cold storage and food conveyors.
Purchase and adaptation of property adjoining the hospital as a nurses' home.

Epsom.

Adaptation of accommodation for Resident Medical Officer, Matron, additional nursing staff and dispensary.
Provision of food conveyors.
Consideration of the centralisation of heating and hot water services.
Completion of the modernisation and concentration of kitchens, including the provision of cold storage.

Farnham.

Completion of the substitution of electric light for gas lighting.
Provision of cold storage.
Erection of a new regional laundry and boiler house.
Installation of water softening plant.

Guildford.

Provision of cold storage.
Completion of the adaptation of part of the hospital as a new maternity ward and nursery and the adaptation of the old maternity accommodation for cases of puerperal fever.
Extensive works of adaptation, including the improvement of the entrance and the internal roads; installation of low pressure hot water heating and hot water supply; extension of the nurses' home; improvement of the sanitary accommodation; re-design of the operating unit and X-ray department; erection of a new isolation block; and provision of balconies to the ward blocks.

Hambledon.

Provision of cold storage.
Installation of water softening plant.

Kingston.

Completion of a new mental observation block.
Completion of the installation of a water softening plant.
Appointment of an Architect to advise on a scheme for the development of the hospital, including the provision of maternity and isolation accommodation, the centralisation of kitchens and stores and the enlargement of accommodation for the massage and electrical departments, and the provision of a new administrative block.
Provision of a new regional laundry.
Adaptation of "House" accommodation for hospital purposes.

Reigate.

Extension of the hospital by new ward blocks (149 additional beds, including accommodation for 50 tuberculous cases), nurses' home and operating and X-ray block, and the modernisation of engineering services.

Richmond.

Improvement of mortuary.

PUBLIC ASSISTANCE HOSPITALS.

DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1934.

DISEASE GROUP.	BLECHINGLEY.				DORKING.				EPSOM.				FARNHAM.				GUILDFORD.				Disease Group.				
	CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.						
	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.					
A	Acute infectious disease	...	...	...	—	—	1	—	—	—	26	—	38	6	8	—	9	—	20	—	36	—	A
B	Influenza	...	...	...	...	...	2	—	10	2	2	—	5	1	—	53	4	—	—	—	16	—	B
C	Tuberculosis:—																								
	(a) Pulmonary	...	...	...	...	...	—	—	—	—	7	5	1	1	19	19	—	—	15	19	—	C (a)	
	(b) Non-Pulmonary	...	...	...	...	...	—	—	—	—	—	—	2	1	3	4	1	2	—	—	1	—	(b)
D	Malignant disease	...	...	...	...	...	—	—	—	—	11	—	2	6	—	7	32	—	—	11	11	—	D
E	Rheumatism:—																								
	(a) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	...	...	...	...	...	—	—	—	—	—	—	1	—	—	6	1	1	—	8	1	2	—
	(b) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	...	...	...	...	...	—	—	—	—	10	2	—	—	—	12	—	—	21	—	—	21	(b)
	(c) Chronic arthritis	...	...	...	...	...	—	—	—	—	—	—	1	—	—	—	—	—	5	—	—	38	(c)
F	Venereal disease	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
G	Puerperal pyrexia	...	...	...	...	...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	G
H	Puerperal fever:—																								
	(a) Women confined in the hospital	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	H (a)
	(b) Other cases	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—	—	(b)
I	Other diseases and accidents connected with pregnancy and child-birth	...	...	...	—	—	—	—	—	—	4	—	—	—	—	7	63	3	—	41	1	—	I
J	Mental diseases:—										—	2	—	—	—	2	—	—	51	32	—	—	—		
	(a) Senile dementia	...	...	...	—	—	—	—	—	—	—	21	—	—	—	—	—	—	—	—	—	—	J (a)
	(b) Other	...	...	...	—	—	—	—	—	—	—	10	14	—	—	24	—	—	105	—	—	37	—
K	Senile decay	—	—	—	—	—	—	—	—	5	29	—	—	—	—	38	7	—	6	7	K	
L	Accidental injury and violence	—	—	—	—	—	—	1	—	—	—	—	6	2	21	71	11	—	64	7	L	
	<i>In respect of cases not included above.</i>																								
M	Diseases of the nervous system and sense organs	...	—	—	—	16	2	—	—	13	—	12	—	74	3	9	3	40	27	15	—	34	4	M	
N	" " respiratory system	...	—	—	—	1	—	1	2	17	1	68	5	126	45	12	—	70	10	32	—	132	42	N	
O	" " circulatory system	...	—	—	2	—	7	20	—	—	14	13	—	3	49	104	1	—	25	41	16	—	93	23	O
P	" " digestive system	...	—	—	—	—	—	1	—	—	7	—	31	8	53	16	4	—	54	8	13	—	59	8	P
Q	" " genito-urinary system	...	—	—	—	—	—	—	—	1	—	15	—	31	19	2	—	20	13	3	—	13	9	Q	
R	" " skin	...	—	—	—	—	—	—	21	—	8	—	58	—	115	1	5	—	50	6	32	—	13	R	
S	Other diseases	...	—	—	—	—	—	—	—	11	—	37	4	199	6	6	1	20	1	9	5	5	—	S	
T	Mothers and infants discharged from maternity wards and not included in above figures:—										23	—	4	—	314	—	—	151	—	—	77	—	T (a)		
	(a) Mothers	...	—	—	—	—	—	—	27	—	4	—	—	298	—	—	143	—	—	85	—	(b)			
U	Any persons not falling under any of the above headings	...	—	—	—	2	—	—	—	2	4	—	—	—	38	—	—	—	65	—	14	—	U		
	TOTALS	35	—	100	56	30	6	141	60	569	29	1450	313	230	6	640	158	292	6	706	194

СТАНДАРТИЗАЦИЯ ПО РЕДАКТОРУ

PUBLIC ASSISTANCE HOSPITALS.

DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1934.

DISEASE GROUP.	HAMBLEDON.				KINGSTON.				REIGATE.				RICHMOND.				TOTALS.				Grand Totals.	Disease Group.								
	CHILDREN.		MEN AND WOMEN.		HOSPITAL.		INSTITUTION.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.											
	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.	Discharged.	Died.										
A	Acute infectious disease	...	...	...	2	—	1	—	31	1	21	2	—	—	16	4	14	1	12	4	9	4	129	14	267	A		
B	Influenza	...	...	...	1	—	4	1	—	5	—	—	—	—	—	—	2	—	6	2	5	—	108	10	123	B		
C	Tuberculosis :—				—	—	1	1	1	—	59	36	—	—	—	—	14	6	2	—	8	7	4	2	129	101	236	C (a)		
	(a) Pulmonary	...	...	...	—	—	—	—	1	1	6	5	—	—	—	—	1	—	2	—	3	—	7	6	14	9	36	(b)
D	(b) Non-Pulmonary	...	...	...	—	—	—	—	30	45	1	—	—	—	—	—	5	13	—	—	6	40	—	—	76	196	272	D
E	Rheumatism :—				—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(a) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	...	...	...	—	—	2	—	4	—	27	1	—	—	1	—	2	—	9	—	4	—	17	—	55	3	75	E (a)
	(b) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrosis, lumbago and sciatica)	...	...	...	—	—	4	—	4	—	35	—	1	—	—	—	—	—	—	—	3	—	4	—	108	2	114	(b)
	(c) Chronic arthritis	...	...	...	—	—	1	—	—	—	18	1	1	—	—	—	4	—	—	—	5	—	—	—	75	2	77	(c)
F	Venereal disease	...	...	...	—	—	—	—	5	—	7	—	—	—	—	—	4	1	—	—	—	1	—	—	15	4	24	F
G	Puerperal pyrexia	—	—	—	—	1	—	3	—	—	—	—	—	—	1	—	—	4	—	—	1	—	15	—	16	G	
H	Puerperal fever :—																								2	—	2	H (a)		
	(a) Women confined in the hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	5	10	(b)	
I	Other diseases and accidents connected with pregnancy and child-birth	...	...	...	—	—	5	—	38	15	290	10	—	—	6	2	26	1	—	2	25	1	44	30	471	16	561	I
J	Mental diseases :—								2	—	57	9	2	—	—	7	7	—	—	3	17	—	—	—	158	72	230	J (a)		
	(b) Other	...	...	...	—	—	4	—	12	—	266	2	—	—	1	—	52	—	1	—	75	1	14	—	605	3	622	(b)
K	Senile decay...	...	...	...	—	—	3	—	—	—	55	48	5	3	—	—	5	9	—	—	13	33	—	—	167	206	373	K
L	Accidental injury and violence	—	—	1	—	5	—	50	4	339	56	2	—	7	—	21	1	3	—	32	8	83	4	567	94	748	L
M	In respect of cases not included above.																													
N	Disease of the nervous system and sense organs	...	—	—	11	3	97	7	99	17	2	—	4	1	25	7	4	1	54	40	141	12	368	103	624	M				
N	" " respiratory system	...	—	—	9	1	103	18	197	91	15	2	16	1	15	8	11	1	42	23	244	27	623	224	1,118	N				
O	" " circulatory system	...	—	—	10	8	5	4	106	117	10	5	2	—	18	25	1	1	41	30	27	8	373	386	794	O				
P	" " digestive system	...	—	—	9	1	131	8	325	45	—	—	6	1	17	3	5	—	23	3	190	17	547	85	839	P				
Q	" " genito-urinary system	...	—	—	—	2	47	—	182	33	—	—	—	—	11	3	—	—	22	7	67	—	280	86	433	Q				
R	" " skin	...	—	—	4	—	13	—	53	1	112	5	1	—	10	—	9	—	8	1	26	1	191	2	347	13	553	R		
S	Other diseases	...	—	—	6	—	22	3	66	—	150	1	—	—	21	—	35	3	24	2	44	4	169	12	486	18	685	S		
T	Mothers and infants discharged from maternity wards and not included in above figures :—				—	—	13	—	—	541	—	—	—	—	84	—	—	—	75	—	—	—	1,282	—	1,282	T (a)				
	(a) Mothers	...	...	...	—	—	547	—	—	—	—	—	—	—	81	—	—	73	—	—	—	1,267	—	—	1,267	—	153	U
U	Any persons not falling under any of the above headings	...	—	—	14	—	—	—	—	—	—	—	—	—	2	—	2	—	10	—	—	—	133	—	20	—	—	153	U	
	TOTALS	...	...	...	37	—	117	25	1,196	59	2,930	524	40	10	174	9	377	89	165	14	524	223	2,728	129	7,025	1,652	11,534	

II. Voluntary Hospitals.

There was only a slight increase in the accommodation provided in the County during the year. The total accommodation available in Voluntary Hospitals at the end of 1934 was 1,383 as compared with 1,367 at the end of the previous year.

The Surrey Voluntary Hospitals Consultative Committee met on several occasions during the year and were consulted by the County Council with regard to the adaptation of "House" accommodation for hospital purposes at Dorking and Kingston and to the proposal to erect a large general hospital of 850 beds at St. Helier.

III. Infectious Diseases Hospitals.

Reference to the accommodation available in Infectious Diseases Hospitals in the County is made in the section on infectious diseases on page 52.

IV. Mental Hospitals and Mental Deficiency Institutions.

There has been no increase in the accommodation available in the Council's Mental Hospitals during 1934. The distribution of beds is shown in the following table:—

Hospital	No. of Beds.		
	Male.	Female.	Totals.
Brookwood	663	943	1,606
Netherne	590	890	1,480
TOTALS	1,253	1,833	3,086

The accommodation for certified cases of mental deficiency also remains unaltered, and is as follows:—

Hospital.	No. of Beds.		
	Males.	Females and Children.	Totals.
Blechingley, Clerk's Croft ...	102	—	102
Chertsey :—			
Botleys Park	97	—	97
Murray House...	—	256	256
TOTALS	199	256	455

The provision of further accommodation for mental defectives has received the consideration of the County Council on many occasions during the past few years, and in April, 1934, the Council decided to proceed with the erection of the first section (1,200 beds) of a Colony at Botleys Park which will ultimately provide for 1,500 patients. At the end of the year good progress had been made with the preparation of working drawings of the first section of the Colony, and it is hoped that the erection of the buildings will be commenced during 1935.

There were only seven beds vacant for mental defectives at the end of the year and these were at Clerk's Croft for male patients.

AMBULANCE SERVICES.

Particulars are given below of the ambulance services operating in the County at the end of the year.

(i) *Ambulances provided by Local Sanitary Authorities available for Accident Cases and Cases of a Non-Infectious Character.*

Name of Authority.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Barnes M.B.	1	Barnes Borough Council Depot, High Street, Mortlake	Prospect 2201.
Beddington & Wallington U.D. ...	2	The Grove, Carshalton	Wallington 1620.
Carshalton U.D. ...	2	Fire Station, Purley	Purley 2222.
Coulsdon & Purley U.D. ...	2	The Catherine Wheel Hotel, High Street, Egham	Egham 119.
Egham U.D.	1	Fire Station, Church Street, Epsom ...	Epsom 600.
Epsom & Ewell U.D. ...	1	Fire Station, Esher	Esher 100.
Haslemere U.D. ...	1	Fire Station, Haslemere	Haslemere 291.
Kingston-upon-Thames M.B. ...	1	Kingston Guildhall (temporarily) ...	Kingston 0794.
Mitcham M.B. ...	1	Fire Station, Mitcham	Mitcham 2222.
Merton & Morden U.D. ...	1	Fire Station, Kingston Road, Merton ...	Liberty 2222.
Reigate M.B.	1	Fire Station, Redhill	Redhill 100.
Richmond M.B. ...	1	Fire Station, Kew Road, Richmond ...	Richmond 2222.
Surrey U.D. ...	1	Fire Station, Surbiton	Elmbridge 6441.
Sutton & Cheam M.B. ...	1	Fire Station, Throwley Road, Sutton ...	Sutton 82.
The Maldens & Coombe U.D. ...	1	Fire Station, New Malden	Malden 2222.
Walton and Weybridge U.D. ...	1	Council Offices, Walton-on-Thames ...	Walton 873.
Wimbledon M.B. ...	1	Fire Station, Wimbledon	Wimbledon 0100.

(ii) *Ambulances available for Cases of Infectious Diseases.*

Name of Authority.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Barnes M.B.	2	Barnes Isolation Hospital, Mortlake, S.W.14 ...	Prospect 5467.
Dorking U.D.	1	Dorking Isolation Hospital, Westcott ...	Westcott 19.
Egham U.D.	1	Egham Isolation Hospital, Englefield Green ...	Egham 136.
Farnham U.D.	1	Farnham Isolation Hospital, Farnham ...	Farnham 15.
Kingston-upon-Thames M.B. ...	1	Disinfecting Station, Villiers Road, Kingston ...	—
Wimbledon M.B. ...	2	Wimbledon Isolation Hospital, Wimbledon ...	Wimbledon 1324.
Cuddington Isolation Hospital Board	2	Cuddington Isolation Hospital, Banstead ...	Sutton 48.
Ottershaw Isolation Hospital Committee	1	Ottershaw Isolation Hospital, Chertsey ...	Ottershaw 30.
Reigate Joint Hospital Board	1	Reigate, Isolation Hospital, Redhill ...	Redhill 115.
South Middlesex & Richmond Joint Hospital Board	3	Mogden Isolation Hospital, Isleworth, and Fire Station, Queen's Road, Twickenham ...	Popesgrove 1669.
Wandle Valley Joint Hospital Board	2	Wandle Valley Isolation Hospital, Beddington Corner, Carshalton	Popesgrove 2222.
Woodbridge Joint Hospital Board	2	Woodbridge Isolation Hospital, Guildford ...	Mitcham 0824.

(iii) *Ambulances provided by Voluntary Associations available for Cases of a Non-Infectious Character.*

Name of Association.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
St. John Ambulance Brigade.			
Caterham	1	Timber's Hill Road, Caterham	Caterham 144.
Bagshot	1	Grove's Garage, Jenkin Hill, Bagshot ...	Bagshot 72.
Chertsey	1	72, Station Road, Chertsey	Chertsey 3268.
Dorking and Horley (Eastern)	2	Auto Services, Massetts Grove, Horley ...	Horley 76.
Cobham	1	Cobham Motor Works, Cobham ...	Cobham 13.
Farnham	1	42, Downing Street, Farnham ...	Farnham 237 and 371.
Guildford	3	Woodbridge Road, Guildford ...	Guildford 633.
Reigate	2	109a, Nutley Lane, Reigate ...	Reigate 579.
Cranleigh	1	High Street, Cranleigh ...	Cranleigh 23.
British Red Cross Society.			
*Leatherhead	1	Karn Bros. Garage, Kingston Road, Leatherhead	Leatherhead 131.
Frimley	1	9, High Street, Camberley ...	Camberley 34.
Godalming	1	14, Church Street, Godalming ...	Godalming 609.
Cheam	1	Malden Road, Worcester Park ...	Malden 1737.
Wimbledon	1	29, High Street, Wimbledon Common ...	Wimbledon 4567.
Woking	1	Boundary Road, Woking ...	Woking 157 and 1276.
Other Voluntary Associations.			
Weybridge Hospital ...	1	Weybridge Hospital, Church Street, Weybridge	Weybridge 209.
Dorking & District Ambulance Committee	1	May's Garage, Dorking ...	Dorking 2239.
Home Service Committee ...	1	Fire Station, Oxted ...	Oxted 520

* Owned by Leatherhead Urban District Council, but staffed by British Red Cross Society.

(iv) *Ambulances provided by Private Contractors available for Cases of a Non-Infectious Character.*

	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Egham	1	T. Crimble, Kingston Road, Staines	Staines 1143.
Sutton	1	Wm. Leeding & Sons, Ltd., High Street, Sutton	Sutton 2516.

(v) *Ambulances provided by the Surrey County Council.*

	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Public Assistance Committee...	3	Kingston and District Hospital, Kingston-on-Thames	Kingston 4966.
	1	Sharrard House, Woking	Woking 1695.
Public Health Committee ...	1	County Sanatorium, Milford, Godalming ...	Godalming 870.

PUBLIC ASSISTANCE MEDICAL OUT-RELIEF.

During the year a scheme for the reorganisation of medical out-relief districts was approved by the County Council and the Ministry of Health and came into operation on the 1st October, 1934.

In order that no new scheme for medical out-relief might be prejudiced all new appointments of district medical officers since the 1st April, 1930, had been made on a temporary basis.

The various methods of providing medical out-relief received consideration, and it was decided to adhere to the system of employing of part-time district medical officers engaged in general practice. This arrangement works satisfactorily in this County, but there was a need for the reorganisation of the districts and for the standardisation of the remuneration of the medical officers.

The need for the reorganisation of the districts resulted from the rapidly increasing population of the County, the Review of County districts under Section 46 of the Local Government Act, 1929, and the reorganisation of registration and relief districts. There are now 76 districts for the administration of medical out-relief and these districts have been arranged with due regard to the size of population and the nature of the district.

The wide variation of salaries and fees for the medical work done necessitated a consideration of the various methods of payment, and it was finally decided to continue the system of an annual inclusive salary, but to correlate the payment with the actual work carried out. A fixed annual salary is paid to each district medical officer, which is subject to a triennial review, and which is based on the average annual amount of work done during the preceding triennial period. The cost of ordinary medicines and dressings is included in the annual salary, but special payments are made in respect of maternity work and also in respect of special drugs and appliances.

The new scheme had only been in operation for three months in 1934, but the figures for the volume of work carried out by the district medical officers have been averaged for the whole year. These figures are as follows:—

Area.		Average number of home visits per week.	Average number of visits made to surgery per week.	Totals.
North-Eastern	... ... ...	80	52	132
Mid-Eastern	... ... ...	73	51	124
South-Eastern	... ... ...	107	40	147
North-Western	... ... ...	55	26	81
South-Western	... ... ...	67	24	91
TOTALS	... ... ...	382	193	575

INFECTIOUS DISEASES.

1. HOSPITAL PROVISION.

There was no increase in the total available accommodation for the reception of cases of infectious disease during the year. There were 835 beds actually available on the 31st December, but on the basis of 144 square feet per bed, this figure is reduced to 683. Extensions are, however, proceeding at the Ottershaw and Tolworth Isolation Hospitals.

Section 63 of the Local Government Act, 1929, imposed on the County Council the duty of formulating a scheme for ensuring the existence within the County of adequate hospital accommodation for infectious diseases (other than tuberculosis). A draft scheme, prepared by the County Council, has been generally approved by the various authorities, except in the south-eastern area of the County, where the proposals are still under consideration. The scheme has not yet been submitted by the County Council to the Ministry of Health. In accordance with the proposals of the draft scheme, steps are being taken by the various authorities to vary the constitution of certain hospital boards as follows :—

Cuddington To include Epsom & Ewell U.D.
Ottershaw To include Egham U.D. and Woking U.D.

2. INCIDENCE OF INFECTIOUS DISEASES.

An indication of the occurrence of infectious diseases notified in the Administrative County during 1934 is shown in the following table, which gives the number of cases notified and the attack rate for each disease :—

Diseases.	1934	
	Number of cases notified.	Attack-rate per 1,000 population.
Smallpox	—	—
Cholera	—	—
Diphtheria	1,002	0.96
Erysipelas	434	0.41
Scarlet fever	3,355	3.20
Typhus fever	—	—
Enteric fever	36	0.03
Continued fever	1	0.001
*Puerperal fever	39	2.73
*Puerperal pyrexia	116	8.13
Plague	—	—
Tuberculosis—Pulmonary	757	0.72
" Non-pulmonary	172	0.16
Cerebro-Spinal fever	17	0.02
Acute Poliomyelitis	18	0.02
Ophthalmia neonatorum	38	0.04
Acute Polio-Encephalitis	5	0.005
Encephalitis Lethargica	5	0.005
Malaria	7	0.007
Dysentery	23	0.02
Pneumonia	738	0.70
TOTALS	6,826	6.51

*Rate per 1000 births.

3. SMALLPOX.

There are three hospitals in the County for the isolation and treatment of cases of smallpox, viz., the hospitals of

- (i) Croydon and Wimbledon Joint Hospital Board at Cheam of 50 beds.
- (ii) Guildford, Godalming and Woking Joint Hospital Board at Whitmoor, near Guildford, of 10 beds.
- (iii) Surrey Smallpox Hospital Committee at Clandon, near Guildford, of 37 beds.

The Croydon and Wimbledon Joint Hospital Board, by arrangement with the Surrey Smallpox Hospital Committee, sends its cases to Clandon and the hospital at Cheam is leased to the Croydon Borough Council for the treatment of cases of pulmonary tuberculosis.

The draft scheme of the County Council under Section 63 of the Local Government Act, 1929, recommended the concentration of cases of smallpox at Clandon and the constituent members of the various hospital committees and boards have agreed to this scheme. Arrangements were also being made at the end of the year, with the approval of all the authorities of the Surrey Smallpox Hospital Committee, for the transference of the Clandon Hospital to the County Council under the terms of the Surrey County Council Act, 1931. By these arrangements the Clandon Hospital will be administered by the County Council for the benefit of the whole of the Administrative County and will receive cases from the County Borough of Croydon by agreement.

PUBLIC VACCINATION.

The County Council is responsible for the administration of the Vaccination Acts in the whole of the Administrative County of Surrey.

A return respecting the vaccination of children whose births were registered during the year ended 31st December, 1933, is given in the table on page 54.

It should be noted that the information given in this statement shows the state of vaccination on the 31st January, 1935, of children born in 1933.

A summary of the return with the corresponding figures for the previous year is given below:—

	1933.	1932.
Successfully vaccinated	6,011	6,628
Insusceptible to vaccination	55	58
Had Smallpox	—	—
Statutory declarations of conscientious objection	4,598	4,467
Died unvaccinated	363	426
Still postponed by medical certificates ...	95	162
Removals to other districts	416	273
Removals to places unknown, etc. ...	318	363
Otherwise unaccounted for	355	282
	<u>12,211</u>	<u>12,659</u>

In the following table the numbers of children vaccinated and unvaccinated are given, and these numbers are also expressed as percentages of the total children born in 1932. A comparison is made with the figures and percentages for the previous year:—

	Surrey.			
	Children born in 1933.		Children born in 1932.	
	Number.	% of total births.	Number.	% of total births.
Successfully vaccinated or insusceptible to vaccination	6,066	49.68	6,686	52.82
Unvaccinated :—				
(i) Statutory declarations or deaths ...	4,961	40.63	4,893	38.65
(ii) Postponements, removals, etc. ...	1,184	9.69	1,080	8.53
Total Births	12,211	100.00	12,659	100.00

Information regarding the number of successful vaccinations and re-vaccinations carried out during 1934 is shown in the following table:—

Area.	Successful Vaccinations.		Totals.	Successful Re-vaccinations.
	Under 1 year.	1 Year and upwards.		
North-Eastern Area ...	1,071	65	1,136	64
Mid-Eastern Area ...	1,298	80	1,378	48
South-Eastern Area ...	519	41	560	28
North-Western Area ...	544	48	592	133
South-Western Area ...	569	31	600	35
TOTALS ...	4,001	265	4,266	308

VACCINAL STATE ON 31ST JANUARY, 1935, OF INFANTS BORN DURING 1933.

Area.	Population Census, 1931.	Number of Births registered from 1st January to 31st December, 1933.	Number of these Births duly entered by 31st January, 1935, in Vaccination Register, viz.:—			Number of these Births which on 31st January, 1935, remained unentered in the Vaccination Register on account of:—	Number of these Births remaining on 31st January, 1935, neither duly entered in the Vaccination Register nor temporarily accounted for in the Report Book.	Total number of successful Primary Vaccination of Children under 14 received during the calendar year 1934.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer during the calendar year 1934.					
			Successfully Vaccinated.	Insusceptible to vaccination.	Had Small Pox.	Statutory Declarations of conscientious objection.	Died unvaccinated.	Post-presentation by Medical Certificate.	Removals to other Districts.	Removals to places unknown or which cannot be reached, and cases not having been found.				
North-Eastern Area	...	266,991	2,901	1,690	11	—	940	98	27	56	72	7	1,894	828
Mid-Eastern Area	...	311,619	4,250	1,935	25	—	1,661	118	22	194	112	183	2,290	1,758
South-Eastern Area	...	115,876	1,594	652	2	—	723	45	2	36	29	105	672	742
North-Western Area	...	123,454	1,917	989	10	—	632	66	31	80	65	44	1,179	609
South-Western Area	...	129,830	1,549	745	7	—	642	36	13	50	40	16	929	713
Totals	...	947,770	12,211	6,011	55	—	4,598	363	95	416	318	355	6,964	4,650

DISTRICT MEDICAL OFFICERS OF HEALTH.

LOCAL GOVERNMENT ACT, 1929, SECTION 58.

This section imposed on the County Council the duty of forming, after consultation with the Councils of County Districts, a scheme for securing that in future every County District shall, either in combination with other districts or otherwise, have the services of a medical officer of health who, by the terms of his appointment, is restricted from engaging in private practice.

After conferences with the local authorities in the County, a scheme was prepared and submitted to the Minister of Health.

While the scheme is not yet fully operative, certain parts of it had come into operation by the end of 1934, and the following is a résumé of the present position of the various districts in the County :—

1. Districts which singly employ a whole-time Medical Officer of Health :—

(a) Barnes Municipal Borough	...	...	...	...	...	Dr. E. A. Freear Wilkes.
(b) Kingston-upon-Thames Municipal Borough	...	...	...	...	...	Dr. E. W. Matthews.
(c) Mitcham Municipal Borough	...	...	...	...	...	Dr. A. T. Till.
(d) Richmond Municipal Borough	...	...	...	...	...	Dr. C. S. Brebner.
(e) Reigate Municipal Borough	...	...	...	...	...	Dr. T. H. Bingham.
(f) Wimbledon Municipal Borough	...	...	...	...	...	Dr. H. Ellis.

2. Districts which in combination employ a whole-time Medical Officer of Health :—

(a) Chertsey Urban, Walton and Weybridge Urban, Bagshot Rural	...	...	...	...	...	Dr. W. G. Patterson.
(b) Guildford Rural, Hambledon Rural and Haslemere Urban	...	...	...	...	...	Dr. J. E. Haine.
(c) Merton and Morden Urban, Carshalton Urban	...	...	...	...	...	Dr. F. L. Smith.
(d) Beddington and Wallington Urban, Coulsdon and Purley Urban	...	...	...	...	...	Dr. F. R. Edbrooke.
(e) Sutton and Cheam Municipal Borough, Banstead Urban	...	...	...	...	...	Dr. E. J. MacIntyre.
(f) Dorking Urban, Epsom Urban, Leatherhead Urban, Dorking Rural	...	...	...	...	...	Dr. C. Ive.
(g) Guildford Municipal Borough and Godalming Municipal Borough	...	...	...	...	...	Dr. F. A. Belam.
(h) Surbiton Urban and Woking Urban	...	...	...	...	...	Dr. N. H. Linzee.

3. Districts which employ a part-time Medical Officer of Health, who is restricted from engaging in private practice :—

(a) Godstone Rural (with other public appointments)	...	...	Dr. W. H. Butcher.
(b) Maldens and Coombe Urban	...	...	Dr. J. Fanning (Temporary).

4. Districts employing a part-time Medical Officer of Health, who is not restricted from engaging in private practice :—

(a) Esher Urban	...	...	...	...	...	Dr. A. Senior.
(b) Egham Urban	...	...	...	...	...	Dr. A. G. Wilkinson.
(c) Frimley and Camberley Urban	...	...	...	...	...	Dr. F. C. Davidson.
(d) Farnham Urban	...	...	...	...	...	Dr. F. B. Hobbs.
(e) Caterham and Warlingham Urban	...	...	...	...	...	Dr. F. R. Carroll.

VENEREAL DISEASES.

There has been no change during the year in the scheme for the treatment of Venereal Diseases.

The arrangements under the scheme provide for the free diagnosis and treatment of these diseases :—

- (i) at hospitals under the London and Home Counties Scheme ;
- (ii) at clinics established at the Royal Surrey County Hospital, Guildford, and the East Surrey Hospital, Redhill.

The latter clinics are staffed by assistant medical officers of the County Council.

In order that facilities for treatment may be available to all persons suffering from these infections, provision is made for enabling any medical practitioner to obtain at the cost of the County Council a bacteriological report on suspected material and for approved medical practitioners to be supplied with arseno-benzene preparations free of charge.

The bacteriological work is done at a number of the large voluntary hospitals in London, but as far as Surrey work is concerned, principally at St. Thomas's Hospital. Approved medical practitioners may apply to St. Thomas's Hospital for a free issue of the arsено-benzene drugs.

1. THE LONDON AND HOME COUNTIES SCHEME.

The Surrey County Council is a member of this scheme, and extensive use is made by Surrey patients of the excellent facilities provided at the London hospitals approved within the scheme.

The County Councils of London, Bucks, Essex, Herts, Kent, Middlesex and Surrey, and the County Borough Councils of Croydon, East Ham and West Ham have a joint agreement whereby the diagnosis and treatment of venereal diseases are provided at the out-patient departments of a considerable number of voluntary hospitals in London; the agreement also provides for in-patient treatment at such hospitals where necessary.

The supervision of the arrangements is undertaken by the London County Council.

The facilities of the scheme are available to everybody in Surrey, but in the main they are accepted by residents in that part of the County contiguous to London; necessitous patients from elsewhere in the County may have financial help in travelling to the most convenient clinics or to clinics where specialised treatment is available.

The number of Surrey cases dealt with under the Scheme shows a slight increase compared with the previous year.

The number of patients who attended at the clinics for examination and who were diagnosed as not suffering from venereal disease continues to increase, and from the standpoint of prevention this can be considered satisfactory.

The following figures show the volume of work done during 1934 within the scheme as a whole and for Surrey in particular. The figures in brackets give the corresponding figures for the previous year:—

		Whole Scheme.	Surrey Cases.
Syphilis	...	4,179	(4,710)
Gonorrhoea	...	11,720	(12,104)
Soft Chancre	...	165	(195)
Diagnosed as not suffering from Venereal Disease	...	12,059	(11,705)
Total...	...	28,123	(28,714)
		Whole Scheme.	Surrey Cases.
Total attendances of all patients	...	1,142,287	(1,097,214)
No. of in-patient days of treatment		54,089	(52,581)
No. of pathological examinations made:—			
(a) for or at centres	...	261,116	(219,852)
(b) for private medical practitioners	...	37,286	(39,649)
		Whole Scheme.	Surrey Cases.

Total attendances of all patients	...	1,142,287	(1,097,214)	25,374	(25,584)
No. of in-patient days of treatment		54,089	(52,581)	2,142	(2,032)
No. of pathological examinations made:—					
(a) for or at centres	...	261,116	(219,852)	8,653	(7,335)
(b) for private medical practitioners	...	37,286	(39,649)	1,922	(1,708)

2. CLINICS SITUATED IN THE COUNTY.

These clinics are situated at the Royal Surrey County Hospital, Guildford, and the East Surrey Hospital, Redhill, and are conducted by five assistant medical officers.

Two sessions for males and one session for females are held every week at the Guildford Clinic, and the assistant medical officers are available at these times for consultation with medical practitioners, in addition to giving advice and treatment to persons attending the clinic. Intermediate treatment for males is available on every day of the week, and for females on three days in the week. The nursing staff at the female clinic is supplied by the hospital; one whole-time and one part-time male orderly are employed in the male clinic.

At Redhill sessions for males and females are held once a week. The arrangements for intermediate treatment at this Centre were reviewed during the year, as it had been ascertained that patients at work found difficulty in attending the morning sessions and the time was also inconvenient to the hospital administration. An arrangement was made with the hospital authorities whereby facilities for intermediate treatment are now available on Monday, Tuesday, Thursday and Friday evenings. The nursing staff for both male and female clinics is supplied by the hospital, two qualified nursing orderlies being employed in the male clinic, while the nursing attendance at the female clinic is supplied from the general out-patient staff of the hospital.

The attendances at the various Clinics are shown in the following table:—

†	London Centres. (Surrey Patients)				Surrey Centres.							
					Guildford.				Redhill.			
	S.	S.C.	G.	O.	S.	S.C.	G.	O.	S.	S.C.	G.	O.
1. Number of persons, who on the 1st January, 1934, were under treatment	*	*	*	*	83	—	55	3	4	—	5	1
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	*	*	*	*	2	—	5	—	—	—	1	—
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under 4)	158	5	344	520	27	—	55	69	11	—	21	24
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other centres for the same infection ...	*	*	*	*	7	—	4	—	2	—	2	—
	*	*	*	*	119	—	119	72	17	—	29	25
5. Number of cases discharged after completion of treatment and final tests of cure	*	*	*	*	2	—	20	68	1	—	5	24
6. Number of cases which ceased to attend before completion of treatment and were on first attendance suffering from Syphilis, Soft Chancre and Gonorrhœa	*	*	*	*	20	—	27	—	3	—	7	—
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	*	*	*	*	2	—	4	—	—	—	—	—
8. Number of cases transferred to other centres or to institutions or to care of private practitioners	*	*	*	*	10	—	17	—	—	—	2	—
9. Number of cases remaining under treatment or observation on 31st December, 1934	*	*	*	*	85	—	51	4	13	—	15	1
	*	*	*	*	119	—	119	72	17	—	29	25
10. Number of cases of syphilis included in item 6 which failed to complete one course of treatment			*					2			2	
11. Out-patients' attendances— (a) For individual attention by the Medical Officer	25,374							2,277			465	
(b) For intermediate treatment, e.g., irrigation, dressings												
12. Number of doses of arsено-benzene compounds and other preparations given— (a) arsено-benzene compounds ...	2,493							648			194	
(b) bismuth	*							514			62	
13. Specimens from persons attending sent to approved laboratory— (a) Spirochætes	55							—			2	
(b) Gonococci	4,963							336			104	
(c) Wassermann reaction	2,088							154			75	
(d) Others	1,547							15			19	
14. Number of in-patient days	2,142							—			—	

†S. Syphilis.

S.C. Soft Chancre.

*Figures not available.

G. Gonorrhœa.

O. Conditions other than venereal.

The following table shows the number of Surrey patients dealt with at various Treatment Centres during 1934 :—

	S.C.C. Clinics.		Croydon Clinic. (3)	Clinics under London and Home Counties Scheme. (4)	Aldershot Clinic. (5)	East-bourne Clinic. (6)	Reading Clinic. (7)	Torquay Clinic. (8)	Total. (9)
	Guildford. (1)	Redhill. (2)							
New Cases (Surrey).									
Syphilis	29 (24)	13 (5)	17 (11)	158 (140)	2 (1)	— (5)	— (—)	— (—)	219 (186)
Soft Chancere	— (—)	— (—)	— (—)	5 (—)	— (—)	— (—)	— (—)	— (—)	5 (—)
Gonorrhœa	51 (48)	21 (9)	79 (43)	344 (326)	4 (4)	3 (—)	1 (—)	1 (—)	504 (430)
Conditions other than venereal	67 (70)	24 (29)	48 (29)	520 (485)	6 (4)	1 (—)	— (—)	— (—)	666 (617)
Totals	147 (142)	58 (43)	144 (83)	1,027 (951)	12 (9)	4 (5)	1 (—)	1 (—)	1,394 (1,233)
All Cases (Surrey).									
Total number of attendances	3,321 (2,782)	748 (566)	2,227 (1,280)	25,374 (25,584)	143 (121)	137 (163)	2 (—)	8 (—)	31,960 (30,496)
Aggregate number of in-patient days	— (—)	— (—)	10 (—)	2,142 (2,032)	— (—)	— (93)	— (—)	— (—)	2,152 (2,125)
Number of doses of arseno-benzene compounds given in the out-patient Clinic and in-patient Department	560 (500)	194 (111)	225 (246)	2,493 (2,220)	32 (63)	47 (22)	— (—)	— (—)	3,551 (3,162)

The figures shown in brackets relate to the year 1933.

3. PROPAGANDA

By the Public Health (Venereal Diseases) Regulations, 1916, Local Authorities are not only required to provide facilities for diagnosis and treatment of these diseases, but are also empowered to undertake or to arrange for suitable measures of education and publicity in connection with their scheme of treatment.

The Public Health Committee has continued the practice of the Ministry of Health previous to the operation of the Local Government Act, 1929, of making an annual grant on the basis of population to the British Social Hygiene Council towards expenditure on the dissemination of information in connection with venereal diseases.

The Committee has paid in whole or in part the fees and expenses of lecturers provided for various Women's Co-operative Guilds and Rover Scouts Associations under the auspices of the British Social Hygiene Council. Four lectures in all were arranged and were well attended.

Advertisements have also been inserted throughout the year in the six County newspapers.

VOLUNTARY WORKERS ADVISORY COMMITTEE.

This Committee, which was first appointed in 1924, consists of representatives of voluntary workers from the centres in the maternity and child welfare area administered by the County Council.

Each Assistant Medical Officer's area is represented on the Committee by one member and the Public Health Committee is also represented. During the year the Committee took an active part in the recent developments with regard to the formation of Tuberculosis Care Committees in the County Districts.

The Committee meets regularly at the Council's London Offices and continues to serve a very useful purpose in co-ordinating the voluntary and official work in connection with the various Public Health services of the County.

MENTAL TREATMENT ACT, 1930.

Under this Act, out-patient clinics have been established at certain hospitals, throughout the County. The following table shows the details of these clinics.

Hospital.	Time.	Physician in Charge.
Brookwood ...	11 a.m. every Thursday	Dr. J. A. Lowry
Croydon General ...	10 a.m. ,, Friday ...	Dr. Burnett Rae
Kingston & District	3 p.m. ,, Monday ...	Dr. L. M. Webber
Netherne ...	2 p.m. ,, Tuesday ...	Dr. L. M. Webber

Owing to the small number of attendances at the Clinic held at the Royal Surrey County Hospital, Guildford, the Clinic was closed as from 1st July, 1934.

Two new classes of patients were created by the above Act—"voluntary patients" who are received into an appropriate institution on their own volition, and "temporary patients" who are non-volitional patients received on the recommendation of medical practitioners, neither of these classes of patients is "certified." Both classes are so dealt with in the hope that they will recover in a comparatively short time. The following table shows the numbers of these patients admitted to Brookwood or Netherne in 1934:—

	Voluntary.	Temporary.
Brookwood ...	47	7
Netherne ...	47	8
	—	—
	94	15
	—	—

LABORATORY FACILITIES.

There has been no change in the laboratory facilities available in the County since the last report.

BLIND PERSONS ACT, 1920.

The scheme for the welfare of the blind which was adopted by the Council in July, 1921, and which came into operation during 1922, continues to be administered by the Public Health Committee.

1. REGISTER.

During the year 89 additional blind persons were registered: 28 removed into Surrey from other areas; 32 left the County; and 38 died. The names of two persons who were certified as no longer blind were removed from the register, and there were 100 removals within the County. At the end of the year the names of 921 blind persons were on the register, a net increase of 45.

The following is a classification of the blind persons whose names were on the register at the end of the year:—

Under 16 years of age	...	...	...	...	...	...	18
Employed	...	...	...	...	...	...	175
Under training	...	...	...	...	...	...	8
Trained, but unemployed	...	...	...	...	...	...	2
Unemployable (including persons of independent means)	...						718
							—
							921
							—

The ages and sexes of these 921 blind persons were as follows:—

Age Group.	1934		Total.	1933 Total.
	M.	F.		
0—5	2	3
5—16	16	16
16—21	19	20
21—30	43	48
30—40	81	84
40—50	142	133
50—60...	158	158
60—70...	176	158
Over 70	284	256
Total	421	500	921	876

The numbers of registered blind persons at the end of previous years were as follows :—

1925 ...	...	...	523	1930 ...	...	...	...	757
1926 ...	...	...	657	1931 ...	...	...	...	806
1927 ...	...	...	649	1932 ...	...	...	...	836
1928 ...	...	...	744	1933 ...	...	...	...	876
1929 ...	...	...	711					

2. EDUCATION AND TRAINING.

The education and training of all blind children between the ages of five and sixteen are undertaken by the Elementary Education Authorities in the County. In addition, the Surrey Higher Education Committee makes arrangements for the training of blind persons over the age of sixteen. There are eight blind persons undergoing training at the present time.

3. HOME WORKERS.

The County Council continues to participate in the Home Workers' Scheme which is administered by the National Institute for the Blind (Home Industries Department) for a large area south of the Thames. Under this scheme approved blind persons who have had suitable training, but who, for various reasons, are unable to be employed in workshops, undertake work in their own homes under the supervision of the Department, which places orders with the workers and markets the finished articles. In addition, workers are encouraged to supplement their earnings by obtaining private orders in their own districts.

The County Council pays the National Institute a grant at the rate of £20 per annum in respect of each recognised Home Worker, and in addition, the Council augments the wages of each approved Worker by 10/- weekly.

At the end of the year there were 56 Home Workers included in the scheme, compared with 54 in 1933, 52 in 1932, 49 in 1931 and 42 in 1930. There were also two other workers recognised by the Council as Home Workers independently of the scheme above referred to. These Workers receive augmentation of their earnings at the rate of 10/- weekly.

4. WORKSHOP EMPLOYEES.

The County Council continues to pay a capitation grant at the rate of £40 per annum in respect of each blind person employed in a workshop according to approved arrangements. There were 20 Surrey blind persons so employed at the end of the year. The wages of the Workers are augmented by the Workshop Authorities by 15/- each weekly. The number of Workshop employees varies only slightly from year to year.

5. BOOKS FOR THE BLIND.

Books and music in embossed types are obtained on loan from the National Library for the Blind for the use of regular readers. In consideration of this service the County Council makes a grant to the Library at the rate of £1 per registered blind reader per annum. At the end of the year there were 117 regular readers.

6. UNEMPLOYABLE AND NECESSitous BLIND.

The Council has made arrangements with the Surrey Voluntary Association for the Blind whereby the Association affords assistance to necessitous blind persons in the County. Towards the expenditure incurred by the Association under this heading the Council made a grant to the Association of £2,250 during the financial year ended 31st March, 1935.

At the end of the year weekly allowances were being paid by the Association to approximately 222 blind persons, involving an expenditure at the rate of £3,145 per annum.

In addition to the weekly allowances, the Association gives help to blind persons in a variety of ways, of which the following are examples :—

Temporary money grants for special needs, e.g., allowances towards cost of maintenance of pupils or trainees whilst at home on holidays; allowances to workshops employees for periods of unemployment on account of sickness which extend beyond the period for which such allowances are made by Workshop Authorities; purchase of fuel during cold weather.

Grants of new clothing, and the collection and distribution of second-hand articles of wearing apparel and second-hand or new furniture.

Grants towards setting up blind persons in business or to meet business expenses in times of difficulty when such help cannot otherwise be obtained.

Cost of training for trial periods in doubtful cases where expenditure of public money thereon is not considered justified.

Payment of fees for residence in convalescent and holiday homes and rail fares to and from such places.

Payment of charges for medical and surgical and dental aid including artificial eyes and teeth and travelling expenses to hospitals.

Provision of special nourishment or diet, comforts and nursing in times of sickness.

Arrangements for occasional domestic help.

The installation, provision and maintenance of wireless sets.

The Association co-operates closely with the Public Assistance Department of the Council.

In appropriate cases the Association makes application to various charities for pensions for blind persons and in this way they have been largely responsible for the award of pensions the annual value of which is approximately £1,500.

The Association raises large sums of money annually from voluntary sources. These funds are utilised in giving help for miscellaneous purposes for which public funds could not be used.

The total expenditure incurred by the Association in granting assistance to blind persons during the year 1934-35, amounted approximately to £4,300, compared with £3,400 in 1933-34, £2,950 in 1932-33, £2,750 in 1931-32 and £2,460 in 1930-31. Ten years ago £122 only was expended by the Association in this way.

7. HOMES FOR THE BLIND.

Arrangements are made by the Council for the accommodation in Homes for the blind of Surrey blind residents who are without relatives or friends who can take care of them. At the end of the year there were 30 adult blind persons accommodated in such homes and one blind child.

8. HOME TEACHING.

At present the work of visiting the blind in their own homes and the teaching of pastime handicrafts is carried on by four full-time Home Teachers, one of whom filled a newly authorised post. During the year the Home Teachers paid 6,753 visits and gave 598 lessons in reading and writing embossed types and in rug and basket-making and other simple handicrafts. The majority of the articles made as a result of the instruction given by the Home Teachers are sold at sales of work held in various parts of the County.

9. SUPERVISION OF VOLUNTARY AGENCIES.

Arrangements have been made with the London County Council whereby that body undertakes, on behalf of the Council, the supervision of voluntary agencies in London and the adjoining districts which provide services for the Surrey blind. Where Surrey blind persons are accommodated in distant institutions the arrangements for supervision are undertaken on behalf of the Surrey County Council by the County Councils concerned.

10. BLIND WELFARE JOINT SUB-COMMITTEE.

A special Sub-Committee consisting of representatives of the Public Health, Education, Public Assistance and Finance Committees meets at regular intervals to consider any matters relating to the welfare of the blind which mutually concern the several Committees. All applications by blind persons for training or for admission to institutions or for employment in workshops or in their own homes are considered in the first instance by the Sub-Committee which make appropriate recommendations to the Committees concerned.

MILK AND DAIRIES ACTS AND ORDERS.

The County Council is responsible for the inspection of all dairy cattle in Surrey and in this connection the Council's policy is to examine all cows belonging to persons producing milk for sale at least four times per year. For the purposes of carrying out these inspections there is a staff of whole-time veterinary surgeons consisting of a Chief Veterinary Officer and three Assistant Veterinary Officers, their centres being Kingston, Guildford, Reigate and Woking.

The following report upon the work done under the Milk and Dairies Acts and Orders has been prepared by Mr. E. Clark, M.R.C.V.S., D.V.S.M., Chief Veterinary Officer, who has included particulars of the animals slaughtered by order of the County Council under the Tuberculosis Order of 1925.

MILK AND DAIRIES ORDER, 1926.

The provisions of Part III. of the above Order require that every Sanitary Authority shall keep a register of all persons in its district carrying on the trade of cow-keeper and furnish particulars of registration to the County Council; in addition, it must notify all alterations made to the register from time to time.

The number of persons registered as cow-keepers by Sanitary Authorities in Surrey on the 31st December, 1934, was 1,093. The herds belonging to these comprised 20,346 cows, of which 17,114 were in milk.

The following table shows the number of registered cow-keepers and cows in each sanitary district together with an analysis of the herds divided into groups according to size.

Sanitary Districts.	No. of Cow-keepers on 31.12.34.	No. of herds containing:—										Total No. of cows		
		Not exceeding 5 cows.	6 to 10 cows	11 to 20 cows	21 to 30 cows	31 to 40 cows	41 to 50 cows	51 to 60 cows	61 to 70 cows	71 to 80 cows	81 to 90 cows			
Boroughs.														
Barnes ..	—	—	—	—	—	—	—	—	—	—	—	—		
Godalming ..	4	—	—	1	—	2	1	—	—	—	—	132		
Guildford ..	17	2	1	6	3	3	1	—	1	—	—	393		
Kingston-on-Thames	1	—	—	—	1	—	—	—	—	—	—	22		
Mitcham ..	1	1	—	—	—	—	—	—	—	—	—	5		
Reigate ..	20	4	1	3	—	7	5	—	—	—	—	544		
Richmond ..	4	1	—	1	1	1	—	—	—	—	—	74		
Sutton & Cheam	1	1	—	—	—	—	—	—	—	—	—	2		
Wimbledon ..	1	1	—	—	—	—	—	—	—	—	—	3		
Urban Districts.														
Banstead ..	28	4	8	9	5	1	1	—	—	—	—	407		
Beddington & Wallington	4	3	—	—	1	1	—	—	—	—	—	52		
Carshalton ..	4	—	—	2	—	—	—	—	—	—	—	98		
Caterham & Warlingham	13	3	3	2	1	2	1	—	—	1	—	289		
Chertsey ..	29	4	1	11	9	3	1	—	—	—	—	601		
Coulsdon & Purley	8	—	1	2	3	1	—	—	1	—	—	219		
Dorking ..	18	3	—	2	3	7	—	1	2	—	—	570		
Egham ..	16	7	1	2	1	1	—	2	2	—	—	350		
Epsom ..	8	1	1	—	2	3	1	—	—	—	—	213		
Esher ..	39	5	6	10	8	7	1	2	—	—	—	804		
Farnham ..	34	7	6	13	4	2	2	—	—	—	—	521		
Frimley & Camberley	15	4	2	7	1	1	—	—	—	—	—	190		
Haslemere ..	12	3	4	3	2	—	—	—	—	—	—	133		
Leatherhead ..	15	2	1	4	2	3	—	—	1	—	1	539		
Merton & Morden	2	—	—	—	—	—	1	1	—	—	—	103		
Surbiton ..	12	4	—	1	—	1	—	2	1	1	—	568		
The Maldens & Coombe	3	—	1	1	—	1	—	—	—	—	—	64		
Walton & Weybridge	14	1	—	4	6	1	1	1	—	—	—	343		
Woking ..	38	4	14	13	3	1	1	1	—	—	1	645		
Rural Districts.														
Bagshot ..	61	21	10	24	3	2	1	—	—	—	—	668		
Dorking & Horley	187	35	33	59	35	12	8	4	1	—	—	3,162		
Godalming ..	162	18	25	51	31	19	11	2	—	4	1	3,446		
Guildford ..	158	30	31	49	23	13	9	3	—	—	—	2,632		
Hambledon ..	164	28	38	54	28	10	2	4	—	—	—	2,554		
	1093	197	188	334	176	105	49	23	9	5	2	1	4	20,346

Under Part IV. of the Order the County Council is empowered to make such inspections of cattle belonging to registered cow-keepers as it may deem necessary. The policy of examining all the herds of dairy cows in the County at least once every quarter has been continued. In this connection it may be mentioned that routine veterinary inspection of cattle is not general throughout the Counties of England and Wales. In many of the Counties no inspections are carried out; in others, once yearly is the rule. The Committee of the Economic Advisory Council on Cattle Diseases recommended that routine veterinary inspection should be made obligatory on all local authorities. This recommendation has been adopted during the year under review in several additional Counties which

have instituted a system of routine veterinary inspections of their dairy herds. This has partially removed the anomalous position in which the Surrey Milk Producers were placed in that their herds have been regularly inspected by whole-time veterinary officers for the past seven years whilst the milk producers in neighbouring Counties have had no such inspection. Surrey farmers generally have welcomed these inspections and their desire has been that their confreres in other Counties should be subjected to the same supervision rather than that the supervision should cease or be relaxed.

The following is a list of the diseases scheduled under the Milk and Dairies Order and the number of each found during 1933 and 1934.

Pathological Conditions.

			1933.	1934.
(a) Acute inflammation of the udder	..	..	29	12
(b) Acute Mastitis	..	..	35	40
(c) Actinomycosis of udder	..	..	—	—
(d) Anthrax	..	..	—	—
(e) Suppuration of the udder	..	..	64	50
(f) Foot-and-Mouth Disease	..	..	—	—
(g) Comatose condition	..	..	1	—
(h) Septic condition of uterus	..	..	5	1
(i) An infection of the udder or teats which may convey disease	..	..	156	114
(j) Giving tuberculous milk	..	..	1	—
(k) Emaciation due to tuberculosis	..	..	108	118
(l) Tuberculosis of the udder	..	..	64	72
			—	—
			463	407
			—	—

No serious difficulties were experienced during the year in the carrying out of these examinations, with the exception that an outbreak of foot-and-mouth disease in the last quarter of the year hampered the inspections in one of the districts.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

Under Section 4 of the above Act any Medical Officer of Health finding that milk on sale within his district contains tubercle bacilli must endeavour to ascertain the source of supply and forthwith inform the Medical Officer of Health of the County in which the milk is produced. In Surrey, the information is transmitted by the County Medical Officer to the Chief Veterinary Officer who causes an examination of the cows on the farm or farms concerned to be carried out under the procedure prescribed by the Act. At the farm a full investigation is made into all the conditions obtaining at the time the infected sample was taken, probably some four to eight weeks previously. The investigation of these cases is sometimes very protracted owing to the alterations in the composition of dairy herds, which are continuously occurring. Animals are being regularly purchased to replace those which have been disposed of in the normal course. It is necessary that all the animals constituting the herd at the time when the infected sample was taken should be traced and, if possible, examined and, in those cases where any have been slaughtered, to know if any disease was found in the carcase.

During the year six such notifications were received by the County Medical Officer, which compares with fourteen in 1933.

A summary of the investigations into these cases is as follows:—

In every case a cow was suspected by a Veterinary Officer to be affected with tuberculosis of the udder and examination of the milks of these animals confirmed the diagnosis. Five animals were proved by microscopical examination to be giving tuberculous milk and one as the result of a biological test. In one instance the cow responsible for the infected sample was detected some four weeks previous to the receipt of the notification, namely, on the occasion of the quarterly inspection of the herd.

No definite information is available as to the extent to which milk produced in the County is submitted by Medical Officers of Health to examination for the presence of tubercle bacilli. From the reliable data which it is possible to collect, it would appear that the percentage of tubercle infection of the milk produced in Surrey is well below the average of the Country generally.

TUBERCULOSIS.

The administration of the Tuberculosis Order, 1925, has continued to be one of the most important functions of the staff.

The Order requires that every person having in his possession or under his charge

- (i) any cow which is, or appears to be, suffering from tuberculosis of the udder, indurated udder or other chronic disease of the udder; or
- (ii) any bovine animal which is, or appears to be, suffering from tuberculous emaciation; or
- (iii) any bovine animal which is suffering from a chronic cough and showing definite clinical signs of tuberculosis;

shall, without delay, give information of the fact to a constable of the Police Force for the Area within which the animal is, or to an inspector of the Local Authority.

The Local Authority is required to investigate any such notification and cause to be slaughtered any animal suffering from tuberculosis of the udder or tuberculous emaciation or giving tuberculous milk or suffering from a chronic cough and showing definite clinical signs of tuberculosis.

The total number of bovine animals reported to the Police or to an Inspector of the Local Authority as suspected cases of tuberculosis was 129, of which 51 were diagnosed as not coming within the scope of the Order. The remaining 78 animals, together with 145 cases detected during the routine inspections of dairy herds—a total of 223 animals (comprising 188 cows-in-milk, 33 other cows or heifers and 2 other bovine animals)—were diagnosed by the Veterinary Staff to be suffering from tuberculosis. The forms of disease from which the animals were found to be suffering are classified below, together with comparative figures for 1933:—

	1933.	1934.
Giving tuberculous milk but showing no evidence of tuberculosis of the udder..	.. .. .. ..	2 —
Tuberculosis of the udder ..	.. .. .. ..	70 73
Emaciation due to Tuberculosis ..	.. .. .. ..	34 43
Suffering from a chronic cough and showing definite signs of Tuberculosis ..	.. .. .. ..	104 107
	<hr/>	<hr/>
	210	223
	<hr/>	<hr/>

The distribution of the above cases was as follows:—

Sanitary District.	Parish.	No. of Animals.
*BOROUGHS.	—	—
URBAN DISTRICTS.		
Banstead	Banstead	2
	Walton-on-the-Hill ..	1
		— 3
Beddington & Wallington	Beddington	1
Carshalton	Carshalton	2
Caterham & Warlingham	Chaldon	2
	Warlingham	2
	Woldingham	2
		— 6
Chertsey	Chertsey	8
Coulsdon & Purley	Coulsdon	3
	Farleigh	4
	Sanderstead	1
		— 8
Dorking	Dorking	4
	Mickleham	3
	Milton	3
		— 10
Egham	Egham	1
	Thorpe	1
		— 2
Epsom	Epsom	3
	Cuddington	6
	Ewell	2
		— 11

* The Boroughs of Guildford, Kingston-on-Thames, Reigate, Richmond and Wimbledon are separate Local Authorities for the purposes of the Diseases of Animals Acts, and consequently particulars relating to these Boroughs are not given here.

Sanitary District.	Parish.	No. of Animals.
URBAN DISTRICTS.—<i>cont'd.</i>		
Esher	Esher	1
	Cobham	5
	Long Ditton	1
	Thames Ditton	2
	West Molesey	1
		— 10
Farnham	Farnham	6
Frimley & Camberley	Frimley	6
Haslemere	Haslemere	2
Leatherhead	Ashtead	2
	Great Bookham	4
	Leatherhead	1
	Little Bookham	1
		— 8
Surbiton	Hook	3
The Maldens & Coombe	Malden	2
Walton & Weybridge	Walton-on-Thames	1
Woking	Byfleet	4
	Horsell	2
	Pyrford	1
	Woking	2
		— 9
RURAL DISTRICTS.		
Bagshot	Chobham	1
	Windlesham	4
		— 5
Dorking & Horley	Abinger	1
	Betchworth	1
	Charlwood	8
	Headley	1
	Holmwood	2
	Horley	13
	Leigh	2
	Ockley	2
		— 30
Godstone	Betchingley	3
	Burstow	5
	Crowhurst	1
	Godstone	1
	Horne	2
	Limpsfield	1
	Lingfield	4
	Nutfield	1
	Tandridge	1
	Tatsfield	1
		— 20
Guildford	Artington	6
	Albury	2
	Ash & Normandy	1
	Effingham	2
	Ockham	1
	Pirbright	1
	Ripley	2
	Shackleford	3
	Send	1
	Shere	4
	Shalford	1
	St. Martha	1
	West Clandon	1
	Worplesdon	8
	Wanborough	1
		— 35
Hambledon	Alfold	3
	Bramley	9
	Chiddingfold	4
	Elstead	2
	Frensham	4
	Hambledon	2
	Peperharow	1
	Tilford	1
	Witley	3
	Womersley	4
	Cranleigh	1
	Dunsfold	1
		— 35
	Total	223

All these animals were slaughtered by order of the County Council with the exception of 12 which by arrangement were sold to the Ministry of Agriculture for research purposes and subsequent slaughter by the Ministry. The post-mortem examinations of the animals slaughtered by the County Council showed that :—

123, or 58.29 per cent., were affected with advanced tuberculosis ;

86, or 40.76 per cent., were affected with tuberculosis, not advanced ; and

2, or 0.95 per cent., were not affected with tuberculosis.

A further analysis of these various classes is as follows :—

	Not affected.	Not advanced.	Advanced.
Cows-in-Milk ...	2	76	99
Other Cows or Heifers ...	—	10	22
Other bovine animals ...	—	—	2
	2	86	123

In the following table the results of the post-mortem examinations are classified according to the forms of disease found to exist.

	Tuberculosis of the udder or giving tuberculous milk.	Tuberculous emaciation	Otherwise affected with tuberculosis.	Not affected.	Total.
Cows-in-milk ...	96	15	64	2	177
Other Cows or Heifers	5	17	10	—	32
Other bovine animals	—	1	1	—	2
	101	33	75	2	211

Of the 123 animals found to be affected with advanced tuberculosis 44 had been reported to the Local Authority in accordance with the Tuberculosis Order, and of the 86 animals found affected with tuberculosis, not advanced, 32 had been similarly reported.

Compensation.

The Tuberculosis Order requires that before the slaughter of a bovine animal coming within the scope of the Order takes place the "market value" thereof shall be agreed between the Local Authority and the owner of the animal. This is defined as the price which might reasonably have been obtained from a purchaser in the open market who had no knowledge of the existence or suspected existence in the animal of the symptoms of disease disclosed by the report of the Inspector under the Order, except such knowledge thereof as might reasonably have been obtained by inspection of the animal.

The amount of compensation actually payable depends on the result of the post-mortem examination. Where this examination shows that the animal was affected with non-advanced tuberculosis, the compensation amounts to three-quarters of the market value ; if affected with advanced tuberculosis then compensation is one-quarter of the market value. If the post-mortem examination does not show the presence of any lesions of tuberculosis the owner is paid full market value plus £1.

The compensation paid for animals slaughtered during 1934 amounted to £1,130 17s. 6d. compared with £1,154 5s. 0d. in 1933 and £949 2s. 6d. in 1932. The average amount of compensation per animal in each of these years was £5 7s. 2d., £5 11s. 6d. and £5 2s. 1d. respectively. Details of the compensation are as follows :—

	No. of Animals.	Total Compensation.	Average Compensation.
Not affected (full rate)			
1932	1	16 0 0	16 0 0
1933	1	2 10 0	2 10 0
1934	2	15 10 0	7 15 0
Not advanced (three-fourths rate)			
1932	53	459 15 0	8 13 6
1933	69	720 0 0	10 8 8
1934	86	776 5 0	9 0 6
Advanced (one quarter rate).			
1932	132	473 7 6	3 11 9
1933	137	431 15 0	3 3 0
1934	123	339 2 6	2 15 1

The carcases of all the animals slaughtered by order of the County Council are sold to Mr. F. Ling and Messrs. Lashmar Bros., Licensed Horse Slaughterers, the former serving approximately three-quarters of the County and the latter the remainder. The Contractors in their contracts with the County Council agree not to use or dispose of for human consumption any carcase or part of a carcase received by them under such contracts.

The practice of submitting for examination sputa from animals suspected to be suffering from pulmonary tuberculosis was continued, 91 specimens being so examined during the year, of which 29 were positive.

In addition to the foregoing another 12 cows which were affected with tuberculosis within the meaning of the Tuberculosis Order were discovered in the herds of cows in autonomous districts and these animals were slaughtered by the respective Local Authorities. The post-mortem examination of these animals showed that 9 of them were affected with "advanced" tuberculosis and 3 with "not advanced" tuberculosis.

SAMPLING OF MILK.

During the year 465 samples of milk from individual cows were taken by the veterinary staff for examination as to the presence of tubercle bacilli as follows :—

	Positive.	Negative.	Total.
Number of samples examined microscopic-ally	56	25	81
Number of samples examined microscopic-ally and biologically	23	359	382
Number of samples examined biologically only	—	2	2
	79	386	465

The necessary steps were taken to dispose of the cows which had given the tuberculous milk, 61 of which were slaughtered by order of the County Council, eight by municipal borough councils, nine by arrangement were sold by the owners to the Ministry of Agriculture and Fisheries for research purposes and one was slaughtered on clinical grounds before the result of the biological examination of her milk was to hand.

Of these 61 animals slaughtered on behalf of the County Council 32 were suffering from advanced tuberculosis and 29 from non-advanced tuberculosis.

In addition to the above-named, 24 group samples of milk were taken in connection with the investigation of notifications of tubercle infected milk received under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, to which reference has already been made. Only one of these group samples was tuberculous and further sampling revealed the tubercular cow.

The examination of all the milk samples, as well as the sputa, was carried out at the Laboratory of the Royal Surrey County Hospital, Guildford.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

This Order, which superseded one made in 1922, was the first official attempt to provide the public with tubercle-free and other milks of a high standard of cleanliness. Although Surrey is a good residential County there has not been the demand for tubercle-free milk which one would have expected, and consequently there has not been the impetus to Surrey milk producers to provide these better and higher priced milks. If the demand existed there is no doubt but that sufficient quantities of guaranteed tubercle-free milk would be forthcoming from the herds in this County. At the

present time there are 12 persons in Surrey licensed to produce Certified milk, and 13 persons hold licences to produce Grade A (Tuberculin Tested) milk. Both of these licences are granted by the Ministry of Health. Particulars of the various grades of milk in order of merit are as follows:—

Certified Milk is raw milk from cows which have passed a veterinary examination and a tuberculin test; it is bottled on the farm; and it does not contain more than 30,000 bacteria per c.c. or any coliform bacillus in 1/10th c.c.

Grade A (Tuberculin Tested) Milk is raw milk from cows which have passed a veterinary examination and a tuberculin test; it is bottled either on the farm or elsewhere; and it does not contain more than 200,000 bacteria per c.c. or any coliform bacillus in 1/100th c.c.

Grade A Milk is milk from cows which have passed a veterinary examination. It is bottled either on the farm or elsewhere; it may be raw or pasteurised; if raw it does not contain more than 200,000 bacteria per c.c. or any coliform bacillus in 1/100th c.c.; if pasteurised it is described as Grade A Milk Pasteurised and does not contain more than 30,000 bacteria per c.c. or any coliform bacillus in 1/10th c.c.

Pasteurised Milk is milk which has been retained at a temperature of 145° to 150° F. for at least thirty minutes; and does not contain more than 100,000 bacteria per c.c.

It is unlawful to use any of these designations or any similar designation for milk except in accordance with a licence granted by the Minister of Health or by a Local Authority.

As regards Grade A and Grade A Pasteurised milks, licences for these are granted by the County Council, there being fifteen persons licensed at the beginning of the year and twenty-six holding licences at the 31st December, 1934.

As a routine procedure, a sample of the milk produced by each Grade A Licensee ready for sale to the consumer, is taken each month and examined to ascertain whether it complies with the prescribed requirements. Altogether 259 samples of Grade A milk were taken by the veterinary officers during 1934, and 217, or over 83 per cent., contained not more than 10,000 bacteria per c.c. as against 200,000 bacteria per c.c. allowed by the regulations. Seven samples contained B. Coli and the respective producers were further instructed in the production of clean milk in these cases.

The results of these examinations show that the milk produced by these Grade A Licensees is of a high standard of cleanliness.

Each herd was submitted to a careful clinical examination once every three months and a certificate as prescribed by the Milk (Special Designations) Order, 1923, given to both the owner and the Public Control Committee. Where any animal is certified as showing evidence of any disease which is likely to affect the milk injuriously, it is isolated or removed from the herd, as the case may require.

INSPECTION AND SUPERVISION OF FOOD.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The number and kind of samples analysed during the year 1934 under the Food and Drugs (Adulteration) Act are shown in the following table:—

Articles.	Number of samples analysed.	Number genuine.	Number adulterated.	Prosecutions.	Convictions.
Milk	1,906	1,736	170	27	17
Cream	34	34	—	—	—
Butter	53	53	—	—	—
Margarine	15	12	3	—	—
Cheese	5	5	—	—	—
Meat	71	69	2	1	1
Tea	2	2	—	—	—
Coffee	11	11	—	—	—
Cocoa	2	2	—	—	—
Flour	4	4	—	—	—
Sugar	26	25	1	—	—
Confectionery and Jam	9	8	1	—	—
Sausages	19	19	—	—	—
Beer	4	4	—	—	—
Spirits	68	65	3	—	—
Drugs	14	14	—	—	—
Other Articles ...	231	222	9	2	2
Totals ...	2,474	2,285	189	30	20

RIVERS AND STREAMS.

During the year certain departmental changes were made regarding the rivers which come under the provisions of the Surrey County Council Acts of 1925 and 1931, as a result of which engineering matters in connection therewith were transferred to the County Engineer, whilst those relating to pollution remain with the Public Health Department.

Close co-operation between the two departments exists as far as the general cleanliness of the rivers is concerned. The position during the year was as follows:—

1. RIVER WANDLE.

Routine visits were made to many and different parts of the river and samples of water were submitted for analysis.

Annual Maintenance.—The work of maintenance of the river was carried out during the year by the Local Authorities concerned.

2. BEVERLEY BROOK.

No complaints were received during the year regarding this brook; periodical inspections were, however, made as a routine precaution.

Beverley and Pyl Brooks Improvement Scheme.—In connection with the works authorised by the Conference in October, 1932, the following works have now been completed in addition to those mentioned in the annual report for 1933.

Works.	Estimated Cost.	Date of Commencement	Date of Completion
Diversion of brook at Palewell Fields...	£ 4,240	August 8th, 1933	June 20th, 1934.
Relief culvert at Cheam Common Road and deepening brook from culvert to Southern Railway at Motspur Park	5,060	December 13th, 1933	August 15th, 1934.
Reconstruction of Coombe Bridge	2,100	July 3rd, 1934	Not complete.
Regrading brook on downstream of ditto	600	March 15th, 1934	May 8th, 1934.
Straightening and regrading Pyl Brook north of Pylford Bridge	100	May 15th, 1934	May 31st, 1934.

The remaining works approved by the Conference, namely, the alterations of the grille north of Beverley Bridge and the enlargement of the culverts under the Southern Railway at West Barnes Lane, have not yet been commenced.

The average number of men employed on works during the year was 60.

At a Conference of Local Authorities held on June 22nd, 1934, it was decided to instal a recording instrument to measure the flow of the Beverley Brook on the boundary between London and Surrey on Wimbledon Common; the construction of the concrete channel for measuring the flow was commenced on December 5th and was well advanced at the end of the year.

At the same Conference it was decided that the maintenance of the Beverley and Pyl Brooks should be undertaken by the County Engineer, on the basis of half the cost being borne by the County Council and half by the Local Authorities. Owing, however, to certain difficulties it was not possible to carry out any work during the year.

3. HOGSMILL RIVER.

A comprehensive survey of the river and tributaries was commenced and during the year the outside survey work was practically complete and calculations of the discharge from the watershed were commenced.

4. RIVER EDEN.

It was hoped to make during the year considerable progress with the survey of this river with particular reference to the pollution alleged to exist. Due, however, to the prolonged drought in the summer when there was very little water in the stream and its tributaries and to the excessive rains in the winter when the river overflowed its banks in many places, it was considered that representative samples were not possible.

Three samples only were taken and were found, upon analysis, to be not in all respects satisfactory, but as they were taken in the early stages of the drought period they cannot be regarded as representing normal conditions.

HOUSING.

The following table gives the number of houses erected in each sanitary district during 1934, the number in course of erection at the end of the year, and the number of inhabited houses on the rate books at 31st December, 1934:—

SANITARY DISTRICT	By Local Authorities under assisted schemes.		Houses erected in the district by other Local Authorities.	By Private Persons.		By Public Utility Societies.		Total.		Inhabited Houses on Rate Books at 31/12/1934.
	Houses erected during year 1934.	Houses in course of erection at end of 1934.		Houses erected during year 1934.	Houses in course of erection at end of 1934.	Houses erected during year 1934.	Houses in course of erection at end of 1934.	Houses erected during year 1934.	Houses in course of erection at end of 1934.	
URBAN										
1 Banstead	—	—	—	788	419	—	—	788	419	5,599
2 Barnes (M.B.)	2‡	33*	—	106	102	—	—	108	135	10,799
3 Beddington and Wallington	—	—	6	263	220	—	—	269	220	8,375
4 Carshalton	48	38	1,688	344	168	—	—	2,080	206	12,208
5 Caterham and Warlingham	—	—	—	309	128	—	—	309	128	5,331
6 Chertsey	—	—	—	176	100	—	—	176	100	4,659
7 Coulsdon and Purley	—	—	—	871	485	—	—	871	485	12,130
8 Dorking	—	—	—	266	67	—	—	266	67	4,610
9 Egham	172	—	—	136	90	—	—	308	90	4,796
10 Epsom and Ewell	—	—	—	1,479	920	—	—	1,479	920	9,788
11 Esher	—	—	—	897	451	—	—	897	451	10,087
12 Farnham	—	—	—	153	43	—	—	153	43	5,308
13 Frimley and Camberley	4	22	—	173	71	—	—	177	93	3,800
14 Godalming (M.B.)	—	—	—	57	30	—	—	57	30	1,864
15 Guildford (M.B.)	68	—	—	325	239	—	—	393	239	10,038
16 Haslemere	—	—	—	11	4	—	—	11	4	1,438
17 Kingston-on-Thames (M.B.)	—	—	—	494	50	—	—	494	50	9,536‡
18 Leatherhead	—	—	—	163	59	—	—	163	59	5,050
19 Maldens and Coombe	—	—	30	774	530	—	—	804	530	8,900
20 Merton and Morden	—	—	8	839	338	—	—	847	338	15,058
21 Mitcham (M.B.)	48	72	—	464	160	—	—	512	232	14,828
22 Reigate (M.B.)	18	100	—	311	147	—	—	329	247	8,724
23 Richmond (M.B.)	86	16	—	110	319	—	—	196	335	9,162
24 Surbiton	—	—	—	1,204	399	—	—	1,204	399	11,327
25 Sutton and Cheam (M.B.)	71	—	—	1,942	§	—	—	2,013	§	17,782
26 Walton and Weybridge	—	—	—	451	92	—	—	451	92	7,103
27 Wimbledon (M.B.)	—	—	—	247||	210**	16††	—	263‡‡	210§§	15,923
28 Woking	—	—	—	366	90	—	—	366	90	9,004
Total	517	281	1,732	13,719	5,931	16	—	15,984	6,212	243,227
RURAL.										
1 Bagshot	—	—	—	108	49	—	—	108	49	3,249
2 Dorking and Horley	—	—	—	271	62	—	—	271	62	5,397
3 Godstone	28	12	—	112	51	8	8	148	71	6,541
4 Guildford	—	—	—	291	69	—	—	291	69	8,700
5 Hambledon	—	—	—	158	57	—	—	158	57	6,773
Total	28	12	—	940	288	8	8	976	308	30,660
Administrative County ...	545	293	1,732	14,659	6,219	24	8	16,960	6,520	273,887
Totals for 1933 ...	323	519	1,384	11,888	5,103	—	16	12,977	6,258	§

* Flats.

† Flats erected without assistance.

‡ Includes 1,356 flats.

§ No record available.

|| Includes 78 flats.

** Includes 97 flats.

†† Flats.

‡‡ Includes 94 flats.

§§ Includes 97 flats.

REFUSE DUMPS.

During the year five applications were received for the consideration of the County Council under Section 94 of the Surrey County Council Act, 1931. It will be remembered that the approval of the County Council is of no effect without that of the Local Authority in whose district the deposition of refuse is proposed and *vice versa*.

Each of the five applications referred to was approved by the County Council.

The requirements relating to "controlled tipping" as recommended by the Minister of Health are a condition of each approval and the tips are visited periodically by representatives of the Local Authority and the County Council.

MINISTRY OF HEALTH INQUIRIES.

HELD 1ST JANUARY TO 31ST DECEMBER, 1934.

Date.	Local Authority.	Amount.	Purpose.	Remarks.
1/2/34	Woking U.D.C. ...	3,350	Works of Sewerage ...	Work completed June, 1934.
13/3/34	Sutton & Cheam M.B. ...	25,820	Works of Sewage disposal ...	Scheme reduced to £16,380. Work in progress.
15/3/34	Godalming M.B. ...	3,000	Works of Sewerage ...	Work not yet commenced.
24/5/34	Walton & Weybridge U.D.C.	3,300	„ „ „ ...	Work in progress.
13/6/34	Farnham U.D.C....	2,315	„ „ „ ...	Work completed by 31/12/34.
21/6/34	Guildford R.D.C. ...	122,285	„ „ „ ...	Work not yet commenced.
6/9/34	Beddington & Wallington U.D.C.	13,000	Works of Surface water drainage	Sanction of Ministry not yet received.
25/9/34	Esher U.D.C. ...	17,530	Purchase of land for use as a cemetery	Land purchased.
6/11/34	Beddington & Wallington U.D.C.	22,500	Works of Sewerage ...	Work commenced.
14/11/34	Godstone R.D.C....	4,300	Works of Sewerage for the contributory place of Lingfield	£1,800 only approved. Work commencing shortly.
5/12/34	Haslemere U.D.C. ...	2,000	Works of Sewerage and Sewage disposal	Work nearing completion.
12/12/34	Frimley & Camberley U.D.C.	12,600	Works of Sewage disposal ...	Work not yet commenced.
13/12/34	Dorking U.D.C. ...	5,600	Works of Sewerage and Sewage disposal	Work now in progress.

PREFACE.

For the past two years the reports on the School Medical Service have been curtailed by omitting descriptions of schemes which have been in operation over a period of years, and the same course has been followed in this year's report.

The usual statistical reviews of the medical and dental inspections and of the results of treatment of children attending elementary and secondary schools appear in tabular form, either in the text or at the end of the Report.

The rapid growth in the school population, particularly in the mid-eastern area, has been commented upon in previous reports; and although the rate of increase was not maintained during the year, there was a net increase of 854, the number on the books on the 31st December, 1934, being 84,031 as compared with 83,177 on the 31st December, 1933. The effect of the high birth rate of 1920 will cease to be felt in the schools during 1935, and any further increase in school population which may occur will be the result of the influx of population to the newly built-up areas. Three new schools were opened early in 1935 and it may be anticipated that the school population will reach a new high level.

In the elementary schools 26,175 children were examined at routine medical inspections, and in the secondary schools 5,632. There were also 8,367 special examinations of elementary school children and 335 of secondary school children. In addition, the assistant medical officers carried out 11,775 and 1,427 re-examinations of elementary school children and secondary school pupils respectively. These re-examinations were of children found at routine medical inspections to have some defect for which treatment had been recommended, or for which they were being kept under observation.

Last year the number of children found at routine medical inspections to be in need of treatment for defects and diseases (other than dental caries and uncleanness) was 9.75 per cent. of the total examined; this year the percentage figure was 8.79, which is the lowest yet recorded.

Of the defects discovered at medical inspections during the year, 74.9 per cent. had been treated by the end of the year. It is noteworthy from a survey of the results of following up that at least 92.3 per cent. of the defects are treated before the children leave school.

In the secondary schools, the percentage of children found to be in need of treatment was 6.69 per cent.; the corresponding figure for last year was 7.22 per cent. The decline in the number of defects requiring treatment found at the routine medical inspections of elementary and secondary school children has thus been maintained, and affords evidence of continued improvement in the physical condition of children of school age.

In the elementary schools, the dental surgeons inspected 72,555 children of whom 44,768, or 61.7 per cent. as compared with 63 per cent. in 1933, were found to be in need of treatment. By the end of the year 19,742 children, or 44 per cent. had completed their treatment at the dental clinics, and 3,338 had commenced treatment which was not completed by the end of the year.

The dental surgeons also inspected 8,115 pupils at secondary schools, of whom 4,621 or 56.9 per cent. were referred for treatment. Treatment of 1,265, or 27.3 per cent. had been completed at the dental clinics by the end of the year, and 189 pupils had commenced treatment which was not completed.

At the routine medical inspections during the year, the parents of 61.7 per cent. of the children responded to the invitation to be present as compared with 60.9 per cent. last year.

There were 148 refusals to submit children to medical examination; of these 55 were afterwards either withdrawn or the child was examined and the inspection schedule completed by the private doctor.

In October the Milk Marketing Board's scheme to supply milk at half price to children in schools was started. The majority of the schools in the County took advantage of the opportunity offered by the scheme.

The Council, at their meeting in July, resolved to put into operation Section 84 of the Education Act, 1921. A scheme for the provision of milk meals in school was prepared and approved, but the provision of milk under the scheme was not actually commenced until early in the Spring Term of 1935.

The bye-laws relating to the employment of school children were revised during the year. The amended bye-laws provide for the medical examination of all children undertaking employment in order to ascertain their fitness for the proposed work. The children are examined by the Assistant Medical Officers at the clinics.

I wish to acknowledge very gratefully the help which has been given by my staff, both professional and clerical.

J. FERGUSON,

School Medical Officer.

COUNTY HALL,
KINGSTON-ON-THAMES.
1st May, 1935.

AREA AND POPULATION.

The Surrey Education Committee is responsible for Higher Education in the whole of the Administrative County, and for Elementary Education in the same area, with the exception of the Municipal Boroughs of Guildford, Kingston, Reigate, Richmond and Wimbledon.

The estimated population of the Administrative County in mid-year 1934 was 1,047,750, being an increase of 32,210 during the year, and that of the Elementary Education Area 840,060, an increase since last year of 32,136.

ASSOCIATION OF DUTIES.

The School Medical Officer is also the County Medical Officer of Health, and the Medical Officer to the Mental Hospitals and Public Assistance Committees. This combination of services under one head enables close co-operation to be developed and maintained between all the departments intimately concerned with the health of the child. Actually the administrative personnel of the School Medical Service is merged in that of the Public Health Department.

STAFF.

During the year the staff was increased by the appointment of one additional full-time Assistant Medical Officer, three Health Visitors and five dental attendants. The dental attendants were intended to work in the dental clinics, and thus release the equivalent of five fully-trained Health Visitors for other duties. Through the appointment of an additional full-time Tuberculosis Officer six Assistant Medical Officers were relieved of part-time tuberculosis work in their areas. This alteration in duties released to the School Medical and Maternity and Child Welfare services almost the equivalent of one full-time Assistant Medical Officer. In effect, therefore, the staff of Assistant Medical Officers for general duty was increased by two, one by a new appointment and the other by re-arrangement of duties consequent upon the increase in the staff of Tuberculosis Officers.

At the end of the year, the Committee decided to recommend the Council to appoint two additional dental surgeons and two additional dental attendants. These appointments were made necessary owing to the increased school population in the Mid-Eastern area of the County.

ELEMENTARY SCHOOLS.

(a) *Numbers and Attendances.*—At the end of the year there were in the Elementary area of the County 298 Public Elementary Schools, having 414 departments: 162 were provided schools and 136 non-provided. On the 31st March, 1934, there were 82,824 children on the registers, 84 being under five years of age; the average attendance for the school year was 73,264, or 88.4 per cent.

The number of children on the registers on the 31st December, 1934, was 84,031. During the year three new schools were opened in the Epsom area. In the rural districts the school population has decreased by over 6,000, due in great measure to the operation of the Surrey Review Order, 1933.

(b) *School Hygiene.*—During the year the Assistant Medical Officers have inspected school premises. Any conditions which in their opinion appeared to need attention have been reported to the Chief Education Officer.

MEDICAL INSPECTIONS.

Routine medical inspections have been carried out in the three age groups prescribed by the Board of Education, and the scope of the examination remains unchanged. As in past years, the special examinations of children at various ages, and re-examinations of children with defects discovered at routine inspections, have been undertaken. The health records of children who have attended infant welfare centres are available for the Medical Officer at the routine inspection of "entrants." Similar information is forwarded to the School Medical Officer from the Medical Officers of Health of areas autonomous for maternity and child welfare, when the children on the rolls of the centres reach school age.

Parents are invited to attend at the routine medical inspections, and during the year 16,174 parents were present: the response is particularly good when the younger children are being examined.

Table I. shows the number of children examined in the various age groups.

DISEASES AND DEFECTS.

Of the 26,175 Elementary School children examined at routine medical inspection, 2,301 or 8.79 per cent. were found to be suffering from diseases or defects (not including dental caries and uncleanliness), sufficiently serious to require some form of treatment. The following table gives the percentage figures for the years since 1925 in Surrey and in England and Wales, respectively,

and it will be observed that in Surrey the number of defects found at routine inspections, and in need of treatment, has remained about the same low level for the past three years :—

Year.	County of Surrey.				England and Wales.			
1925	18.7	...	...	32.8
1926	18.7	...	...	20.1
1927	18.4	...	...	20.6
1928	17.5	...	...	20.7
1929	16.7	...	...	20.8
1930	13.6	...	...	20.9
1931	12.1	...	...	20.0
1932	9.57	...	...	18.6
1933	9.75	...	...	16.1
1934	8.79	...	...	—

Table II. shows the defects and diseases found at routine and special inspections.

At the routine inspections, 2,301 children were found with 2,521 defects : of these defects 1,595 (63.2 per cent.) were defects either of vision or of the nose or throat.

The number of children recommended for treatment on account of defective vision and/or squint in the "intermediates" group was 291 or 3.5 per cent., and in the "leavers" group 433 or 4.9 per cent. of those examined.

The number of children examined as "entrants" and found to be in need of treatment for chronic tonsillitis and/or adenoids was 365 or 3.9 per cent., as compared with 243 or 2.9 per cent. in the "intermediates" group, and 101 or 1.1 per cent. in the "leavers."

The following table gives the numbers of cases of chronic tonsillitis, adenoids, and chronic tonsillitis and adenoids, recommended for treatment or observation at the routine medical inspection of the "entrants," "intermediates" and "leavers" groups, respectively.

CHRONIC TONSILLITIS, ADENOIDS, AND CHRONIC TONSILLITIS AND ADENOIDS.

DEFECTS DISCOVERED AT ROUTINE MEDICAL INSPECTIONS RECOMMENDED FOR TREATMENT OR OBSERVATION.

Year.	Age Groups.											
	Entrants.				Intermediates.				Leavers.			
	Treatment.		Observation.		Treatment.		Observation.		Treatment.		Observation.	
	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
1927 ..	724	10.33	1139	16.25	525	9.08	675	11.69	353	4.97	447	6.29
1928 ..	657	9.25	1133	15.95	625	7.09	1235	14.01	331	4.80	611	8.85
1929 ..	571	7.92	1103	15.30	559	7.35	923	12.12	224	4.52	413	8.33
1930 ..	495	6.89	1084	15.10	349	4.67	823	11.01	143	2.78	347	6.74
1931 ..	597	7.4	1168	19.84	317	4.15	876	11.19	107	1.64	424	6.42
1932 ..	350	4.18	1090	13.0	278	3.47	877	10.92	226	2.33	615	6.33
1933 ..	374	4.32	1209	13.98	180	2.25	858	10.76	104	1.16	514	5.75
1934 ..	365	3.98	1246	13.60	243	2.94	948	11.48	101	1.15	539	6.15

The present-day practice in the treatment of enlarged tonsils is to advise operation only in those cases where there are clear indications of disease. Since 1929 there has been a gradual drop each year in the number of cases of chronic tonsillitis and/or adenoids recommended for operative treatment. This year, however, the percentage figure of the total cases recommended for operation (2.7) shows a very small increase over that of last year (2.57). The difference is too slight to be significant.

FOLLOWING UP.

The arrangements for the following up of children recommended to obtain treatment for defects discovered at medical inspection are effective in producing good results. The re-examinations of children found previously to need treatment or observation are undertaken by the Assistant Medical Officers in the schools, and health visitors visit the parents of children in those cases where the advice given by the school doctor is not being followed.

The number of re-examinations by Assistant Medical Officers was 11,775, whilst health visitors paid 5,605 visits to the homes of children regarding recommendations made at medical examinations.

The success of the system is illustrated by the fact that of the 8,856 defects in need of treatment discovered during the year, 6,635 (74.9 per cent.) had been treated by the end of the year.

A review of the results of the following up of defects discovered at medical inspections during the past nine years (1925-1933) shows that 82,554 or 92.3 per cent. had been satisfactorily treated by the end of December, 1934, out of a total of 89,368 defects discovered in those years.

Year.	No. of defects in need of treatment.	Total No. of cases treated during the year, including cases discovered during the year and those discovered during previous years.
1925	9,455	6,942*
1926	10,491	9,668
1927	11,865	10,731
1928	12,473	11,491
1929	10,338	9,347
1930	9,193	9,165
1931	8,455	7,814
1932	7,663	7,231
1933	9,435	8,744
1934		1,421†

* This figure refers only to those defects discovered and treated during the year 1925.

† The figure refers only to defects treated during 1934, but which were discovered during the previous years.

MALNUTRITION.

During the course of routine medical inspections 301 children or 1.14 per cent. were found to be suffering from malnutrition. 36 of these (0.13 per cent. of those inspected) were referred for treatment, and the remaining 265 (representing 1.01 per cent. of those examined) were kept under observation.

The figures for the country as a whole during the year 1933 were :—

Referred for treatment	...	...	...	...	1.11 per cent.
Kept under observation	...	...	...	...	1.28 per cent.

In January a special enquiry was made regarding undernourished children in the schools within the Metropolitan Police Area of Surrey. There were 36,781 children on the rolls of those schools in July, 1933.

The Assistant Medical Officers visited each school and inspected all the children present. Those children who showed signs of under-nourishment were noted, and an endeavour was then made to ascertain in which children the principal cause appeared to be want of sufficient food, or improper feeding. Throughout the enquiry, the Head Teachers rendered valuable help.

Of the children attending schools in the Metropolitan Police Area, 650 or 17.6 per thousand were found to show signs of under-nourishment; in 273 of those (8.4 per thousand) the under-nourishment was considered by the Assistant Medical Officers to be due to insufficient or improper food.

Enquiries into the home circumstances of the latter group were made by the Health Visitors, and it appeared that in a number of cases insufficiency of food could not be attributed to a very low family income. After deducting rent, rates, insurance and travelling expenses, in only 133 instances was the remaining family income less than 6s. per head.

The Assistant Medical Officer in the area comprising the Borough of Godalming, the Urban District of Haslemere and the Hambleton Rural District, conducted a similar enquiry in the schools. The school population in this area numbered 3,158, and amongst these children 95 or 30 per thousand were considered to show signs of ill-nourishment; in 32 of these children, or 10.3 per thousand, the ill-nourishment was suspected to be due to insufficient food.

As the result of their enquiries the Assistant Medical Officers have made observations upon the following points :—

There is general agreement that in those children who have been reported as suffering from lack of food unsuitability of food is an important factor. For instance, very many cases of under-nourishment are found where the family financial state is satisfactory, and it is a question of the right kind of food being given. The remark is made by one Assistant Medical Officer that milk is very commonly regarded as something only to be used in tea, and the amount of milk and eggs con-

sumed amongst school children is remarkably low. In some families of very poor circumstances the children appear better nourished than is the case in many who are better off financially. There is a belief that some at least of the ill-nourishment is due to the absence of raw food containing adequate quantities of vitamins in the diet. It is noted also that when children commence to take a similar diet to the parents, there is a definite falling off in their nutrition, possibly due to the absence of milk from the diet.

Reference is made later in the report to the Provision of Meals for school children and to the voluntary arrangement for the supply of milk in schools.

CLEANLINESS.

The systematic inspection of the person and clothing of the children in Elementary Schools is carried out by the Health Visitors at the beginning of each term, and subsequent visits are made to enable close supervision to be kept of any children found to be verminous or dirty. The Health Visitors reported 4,231 (or 5.03 per cent.) of the number on the roll as having verminous heads or bodies or nits in the hair.

The following table gives the comparable figures for the years since 1926 :—

	1926	1927	1928	1929	1930	1931	1932	1933	1934
Number of visits to schools by nurses	11,993	11,260	11,318	12,745	13,546	11,914	12,454	12,477	13,579
Cases with nits in the hair ..	21,924	23,319	21,935	21,723	20,877	24,866	20,467	20,040	18,670
Cases with lice in the hair ..	2,585	2,324	2,688	2,210	2,291	2,062	1,549	1,748	1,471
Cases with verminous bodies ..	313	217	168	148	245	98	76	51	42
Exclusions—									
1st time	1,377	1,195	1,040	1,213	1,557	1,388	1,294	1,271	1,071
2nd time	369	328	401	380	409	327	409	336	342
3rd time	173	88	198	162	159	123	220	159	247

MEDICAL TREATMENT.

There are now twelve clinics owned by the County Council and used for the County health services. No new clinics were built during the year. In two areas, autonomous for maternity and child welfare, the County Council Clinics are lent to the local district councils for their maternity and child welfare services.

In one other autonomous area the school medical and the tuberculosis services are accommodated in the building used by the district council for their maternity and child welfare services.

In five districts the clinics are held on school premises, and in sixty-one districts accommodation is hired for the purpose. There are seventy-seven general medical clinics in all. The minor ailments clinics in fifty of the more rural parts of the County are held immediately before the maternity and child welfare sessions, a plan which is convenient to many mothers and which also economises the time of the medical and nursing staffs.

When defects which appear to need treatment are discovered at medical inspections, parents are advised in the first instance to consult their own doctor. Where parents for any reason are not able to obtain treatment, arrangements are made for the child to attend a school clinic, a hospital, or an orthopaedic centre.

Table IV. (Group I) includes the return of minor ailments treated at general medical clinics.

The following table gives the attendances at minor ailments clinics during the year :—

Disease.	First Attendance.	Second and subsequent
		Attendances.
Ringworm, head	41
Ringworm, body...	...	65
Scabies	117
Impetigo	1,116
Minor injuries	1,294
Other skin diseases	1,593
Ear disease	818
Eye disease	1,265
All other minor ailments	7,033
	13,342	11,845
	Total 25,187	

The total attendees for the previous year were 24,660.

(i) *Tonsils and Adenoids*.—Operative treatment is undertaken under the Education Committee's scheme at 31 General and Cottage Hospitals; the scheme described in previous Annual Reports has not been altered in any particular. The treatment for chronic tonsillitis and adenoids undertaken during the year under the Committee's scheme and privately is recorded in Table IV. (Group III) in three main groups; of the 1,279 operations performed 1,038 or 81.1 per cent. were for the removal of both tonsils and adenoids.

The figures in the following table illustrate the gradual decrease since 1929 in the percentage of cases treated by operation.

School Year ended March.	School Population (Average Attendance).	Nos. treated under Local Authority's Scheme.	Percentage.
1924—1925	52,741	1,209	2.27
1925—1926	53,390	1,664	3.09
1926—1927	54,148	1,888	3.48
1927—1928	55,626	2,304	4.14
1928—1929	55,652	2,321	4.17
1929—1930	58,174	2,085	3.58
1930—1931	60,275	2,114	3.50
1931—1932	65,992	1,737	2.62
1932—1933	70,095	1,613	2.30
1933—1934	73,264	1,178	1.60

(ii) *Defective Vision*.—Table IV (Group II) gives an analysis of the treatment provided for visual defects. The total number of attendees at the 27 eye clinics was 8,870, a slight decrease from the number recorded in the previous year.

During the year the Royal Surrey County Hospital opened a clinic for the orthoptic treatment of squint. The Council agreed to make a payment of £25 for a period of one year. By the end of the year two children had made 24 attendees in all: other cases had been referred to the clinic but had then not commenced treatment.

(iii) *Dental Defects*.—Of the 47,998 children (routine and special inspections) referred for treatment, 23,080 (48.0 per cent.) had been treated at the clinics by the end of the year. In several areas treatment can now be offered within a very short time of the inspections, but in others, owing to the rapid growth of the school population, it has not been possible with the present staff to keep pace with the acceptances for treatment.

The Committee have agreed to appoint two additional full-time dental surgeons as from the 1st April, 1935. These new appointments will necessitate the establishment of extra dental clinics in the Carshalton, Merton, Ewell, and Sutton and Cheam districts. The augmented staff of dental surgeons should be able to overtake the arrears of work during 1935, but should there be any marked increase in the number of acceptances for treatment, or in the school population, it will be necessary to consider further additions to the dental staff. The work of the dental areas has been re-arranged so that the maximum number of treatment sessions can be held each week.

The following table shows the arrears of work in all the Dental Clinics at the end of 1934, together with the comparable figures for the years since 1930.

Year.	Number of Children.		Work required to be done.			
	Elementary.	Secondary.	Elementary.		Secondary.	
			Fillings.	Extractions.	Fillings.	Extractions.
1930	6302	1005	7518	8934	1699	534
1931	4941	409	5559	6189	605	321
1932	4389	326	4956	6051	532	118
1933	4722	390	5087	6072	594	134
1934	5550	237	6477	6801	367	76

No special propaganda was undertaken during the year. It has been arranged, however, that the Dental Board will give lecture demonstrations in the schools for a period of one month during 1935. Lecture demonstrations were given by the Board in the schools during 1933 for two weeks and the results were satisfactory. The Dental Surgeons take advantage of the presence of parents at inspections, or in the treatment clinics, to interest them in the care of the children's teeth. A considerable number of parents do attend the dental inspections, and the informal and personal talks on these occasions are found to serve as valuable propaganda.

(iv) *Tuberculosis*.—Table VII shows the number of children who received treatment under the Tuberculosis Scheme of the Council—146 in all. These are children in whom definite signs of

tuberculosis have been discovered, and they are maintained in Sanatoria by the Public Health Committee.

(v) *Ringworm*.—No change has been made in the arrangements for the X-ray treatment of this disease. Twenty-one cases were treated by X-rays during the year.

(vi) *Heart Disease*.—161 cases of organic disease of the heart were found at routine medical inspections. 6 of these cases (or 0.02 per cent. of those examined) were referred for treatment, and 155 (or 0.59 per cent.) were kept under observation. The corresponding percentage figures for the whole country during the year 1933 were :—

Referred for treatment	...	...	...	...	0.16 per cent.
Kept under observation	...	...	...	...	0.35 per cent.

Thirty-three children suffering from serious heart lesions and recommended for special treatment have been admitted to residential special schools. Arrangements were also made for three children to attend day special schools in the London County Council area.

Children with lesser degrees of heart trouble and who attend school are examined from time to time, and games and drill are regulated according to their fitness.

EXCEPTIONAL CHILDREN.

A register is kept at the Central Office of all children ascertained to be blind, deaf, epileptic and physically or mentally defective. New cases are added to the register as they are reported by the Assistant Medical Officers or Health Visitors. Since 1931 the Education Committee has been responsible for the blind, deaf, defective and epileptic children previously maintained in Special Schools by the Public Assistance Committee.

(i) *Crippled Children*.—The scheme for the treatment of children with crippling defects, described in previous annual reports, has undergone no change during the year.

The following table gives particulars of the Orthopaedic Centres approved by the Board of Education, and of the number of children treated during the year :—

Centres.	Orthopaedic Surgeon	Number of	
		Children Treated.	Treatments.
Croydon, The General Hospital ..	Mr. Alan H. Todd, M.S., F.R.C.S. ..	90	826
East Grinstead .. .. ..	.. .. ..	4	67
Guildford, Royal Surrey County Hospital	Mr. St. J. Dudley Buxton, F.R.C.S. ..	28	53
Kingston, Red Cross Curative Post, Victoria Cottage Hospital	Mr. Philip Wiles, F.R.C.S. ..	337	9,102
Merton, The Nelson Hospital ..	Mr. D. McCrae-Aitken, F.R.C.S. ..	..	..
Woking, Red Cross Curative Post, Victoria Hospital	Mr. W. H. Ogilvie, F.R.C.S. ..	98	2,565
Weybridge, Locke-King Clinic ..	Mr. A. T. Fripp, F.R.C.S. ..	..	..
Aldershot and Farnborough ..	Mr. R. Y. Paton, F.R.C.S. ..	112	1,610
Farnham	Mr. L. H. F. Walton, M.R.C.S. ..	..	..
	Mr. Ronald Furlong, F.R.C.S. ..	70	536
	Mr. E. A. Lindsay, F.R.C.S. ..	8	98

	.. .. ..	4	111
	Totals	751	14,968

The number of children attending Orthopaedic Clinics as out-patients is slightly less than last year, and the number of attendees has fallen by approximately seventeen hundred and fifty. Twelve children were admitted for short periods to the Nelson, Croydon and Guildford Hospitals for minor operative treatment. At the end of the year seventy children were in residence in certified special schools for cripples ; this is an increase of eleven over the number reported at the end of last year.

(ii) *Blind*.—Nine blind and twenty partially sighted children were in special schools at the end of the year (twenty at residential schools and nine at day special schools of the London County Council), a decrease of four from last year.

The following tables shows the number of blind and partially blind children attending special schools at the end of each year 1923-1933 inclusive :—

Year.	Blind.	Partially Blind.	Total.
1923	8	10	18
1924	5	9	14
1925	7	12	19
1926	3	9	12
1927	4	5	9
1928	4	9	13
1929	6	9	15
1930	3	12	15
1931	1	26	27
1932	3	24	27
1933	8	25	33

(iii) *Deaf*.—At the end of the year twenty-four deaf and eleven partially deaf children were undergoing special training at schools for the deaf. This represents an increase of four since the end of 1933.

(iv) *Mentally Defective*.—Only children certified as feeble-minded under the Education Act, 1921, are included in Table III. Children who are ineducable either in ordinary elementary or in special schools are referred to the Mental Hospitals Committee; twenty-six children diagnosed as idiots or imbeciles and thirteen who were discharged from special schools on attaining the age of sixteen were referred to that Committee during 1934.

At the end of the year the register contained the names of 239 children who had been certified as feeble-minded under the Education Act, 1921. Of these 116 were in attendance at certified day or residential special schools.

The St. Christopher's Day Special School at Mitcham has been fully occupied during the year. The school is now approved by the Board of Education to accommodate sixty children. The annual physical and mental examination of the children attending the school was carried out by Dr. Agnes Hodge. Her report indicated an improvement both physically and mentally in the majority of the children.

As the result of a special enquiry it was ascertained that in the Woking area there were twenty-seven children of school age classifiable as mentally defective under the Education Act, 1921. The provision of a day special school similar to the existing school at Mitcham, has been under consideration, but has not received the approval of the Board of Education.

Arrangements were made during the year for the pupils in attendance at Occupation Centres maintained by the Surrey Voluntary Association for Mental and Physical Welfare to be medically inspected by Assistant Medical Officers on the staff. The first complete inspection was carried out in December.

SUNLIGHT TREATMENT.

Treatment by artificial light was available at the Croydon General Hospital, the Locke-King Clinic (Weybridge), and the Farnham Clinic. Eight children made 251 attendances at Croydon, 35 made 474 attendances at Weybridge, and one child made 20 attendances at Farnham.

The following table gives a brief summary of the results of the treatment at Weybridge:—

Disease.	All Groups			Continuing Treatment over 3 months.	Under treatment at end of year.	Results of Treatment.			Not under treatment long enough for results to be known.
	Pre-School.	School.	Total			Definite Improvement.	Slight Improvement.	No Change.	
Rickets ...	3	3	6	—	1	2	4	—	—
Rheumatism	—	1	1	1	—	1	—	—	—
Cervical Adenitis ...	—	3	3	1	—	1	1	—	1
Bronchitis ...	—	9	9	3	3	3	2	1	3
Malnutrition and Debility	—	15	15	11	7	8	4	1	2
Chilblains ...	—	2	2	—	1	2	—	—	—
Phlyctenular Ulcers ...	—	1	1	—	—	—	1	—	—
Alopecia ...	—	1	1	1	—	—	1	—	—

The analysis of eight cases treated at the Croydon General Hospital is as follows:—

Debility ...	...	...	...	...	...	...	...	...	4
Rheumatism ...	...	...	...	...	...	...	...	...	2
Glands ...	...	...	...	...	...	...	...	...	1
Alopecia ...	...	...	...	...	...	...	...	...	1

There was general improvement in health in each case, but no change was observed in the alopecia.

INFECTIOUS DISEASE.

No alteration has been made in the procedure in connection with cases of infectious disease notified from schools.

The summary of the notifications received from Head Teachers is given in Table V. Table VI shows the schools closed during the year together with the period of closure, and the reason for closure in each case.

226 certificates that the attendance was reduced below 60 per cent. on account of infectious disease were issued in connection with 72 schools.

The following table shows the total exclusions on account of the principal infectious diseases and the number of schools closed on account of outbreaks of these diseases each year from 1928 :—

Exclusions for	1928		1929		1930		1931		1932		1933		1934	
	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded
Measles ..	12	4,832	17	2,204	16	5,985	2	872	10	6,953	5	2,674	3	7,915
Whooping Cough	2	1,661	3	2,009	1	823	1	1,900	—	1,760	—	1,888	—	2,487
Scarlet Fever ..	3	1,060	3	1,421	4	1,227	—	1,024	1	834	—	1,913	—	2,366
Chicken Pox ..	1	2,415	1	1,661	—	2,598	—	2,700	—	2,998	—	2,669	—	3,212
Diphtheria ..	2	528	5	854	1	748	1	511	—	211	3	526	—	679
Mumps ..	—	1,042	—	2,038	—	3,364	—	806	1	1,024	—	1,562	—	3,342

The number of children excluded from school on account of infectious disease shows a considerable increase as compared with last year. Although there was a greater incidence of almost all the common infectious diseases of childhood, the increased number of exclusions is largely accounted for by the widespread prevalence of measles throughout the country. One third of the cases of diphtheria occurred in twelve schools, the largest number being 16, in Ash Vale C. School. Mumps was more prevalent during the year than at any time since 1930. The Health Visitors paid 3,687 visits in schools and 8,704 visits to homes in connection with the investigation and control of infectious and contagious diseases.

SCHICK TESTING AND IMMUNISATION AGAINST DIPHTHERIA.

As in former years the new entrants to the Southern Railway Orphanage, Woking, were immunised against diphtheria. The injections are given by the Assistant Medical Officer and the materials are supplied by the Orphanage Authorities.

Two Medical Officers of Health of districts in the County have continued the immunisation of scholars in the elementary schools in their areas.

Dr. Butcher, the Medical Officer of Health of the Godstone Rural District, tested 175 children in five schools; of these 108 proved to be Schick positive and 89 completed the full course of three injections.

Dr. Patterson, the Medical Officer of Health of the Chertsey, Walton and Weybridge Urban and the Bagshot Rural Districts, continued the immunisation of new entrants to schools where the majority of pupils had been immunised during previous years. One hundred and sixty-one new entrants were immunised at the undermentioned schools :—

Stepgates Council	...	...	...	...	...	...	...	38
Botley and Lyne...	...	...	...	...	...	...	...	11
Hersham Infants'	...	...	...	...	...	...	...	32
East Walton	...	...	...	...	...	...	...	39
Walton C. Infants'	...	...	...	...	...	...	...	41
								161

At the Church of England Schools, Weybridge, Dr. Patterson Schick tested 217 children, of whom 137 gave a positive reaction—134 of these were immunised and, in addition, 140 younger children were immunised without the preliminary Schick testing.

At the Hersham Junior and the Oatlands Council Schools, 66 and 86 children respectively were immunised.

In consequence of an outbreak of diphtheria in the Bagshot Rural District immunisation was offered to all the children in the district. Numbers accepting were as follows :—

Bagshot Council School...	...	...	...	...	...	...	310
Windlesham	...	...	...	...	...	...	87
Chobham, Holy Trinity C. of E.	...	...	...	...	...	...	122
Bisley C. of E.	...	...	...	...	...	...	74
Bisley Shaftesbury	...	...	...	...	...	...	55

Assistance in the work of immunising school children is given by the Assistant Medical Officer or the Health Visitor.

OPEN-AIR EDUCATION.

(1) *Playground Classes*.—The fine dry weather during the Summer gave many opportunities for the holding of open-air classes.

(2) *Summer Camp*.—The Summer Camp at the Henley Fort was occupied during this (13th) season for a period of 20 weeks. 568 scholars and 28 teachers in 13 parties from 33 schools took advantage of the facilities offered.

The County Medical Officer of Health wishes to take this opportunity of expressing his appreciation of the work done at the Henley Fort School Camp.

A full report by Mr. Lance Rawes, Chairman of the School Camp Committee, has been submitted to the Education Committee.

The Assistant Medical Officers examined each child on the day previous to entering camp in order to ensure that no entrant showed signs of infectious or contagious disease and that every entrant was free from vermin. During their stay in camp the children were, as in former years, under the supervision of the Assistant Medical Officer of the Guildford area, who was available at any time in case of accident or sudden illness.

(3) *Open-Air Classrooms in Public Elementary Schools*.—None.

(4) *Day Open-Air Schools*.—None.

(5) *Residential Open-Air Schools*.—The Education Committee has no open-air school for delicate children. During the year, 129 delicate children were sent to residential special schools of whom 56 were still in residence at the end of the year. The Special Schools which are most largely used are St. Catherine's Home, Ventnor, and St. Dominic's, Hambledon; others to which children are sent are at Hayling Island, Broadstairs, Ramsgate, Worthing and Harpenden. Delicate children are those whose general health makes it desirable that they should be educated in a special open-air school; as such they are included in the group of physically defective children.

PHYSICAL TRAINING.

The Organiser of Physical Training in the County reports as follows:—

“Physical Training, 1934.—The Physical Training in the County has been greatly stimulated by the publication of the Board's new Syllabus. It is appreciated by the teachers and classes have been well supported.

Nine centres were organised, instead of the customary six, to cope with the large number of names sent in, asking for classes in every district.

Classes were held in:—

Purley, Malden and Mitcham for Infant Teachers.
Sutton, Chertsey and Mortlake for Women Teachers.
Surbiton, Guildford and St. Helier for Men Teachers.

Country Dance Classes, on the usual self-supporting basis, have been running in seven centres and these continue until Easter.

For the first time, Surrey has amalgamated with Sussex, and teachers in the S.E. were allowed to join a class taken by the Organiser of Physical Training at East Grinstead.

Swimming again benefited by the warm and dry Summer, although some of the open water suffered from the drought. The numbers who learnt to swim are satisfactory.

(Signed) DOROTHY LE COUTEUR.”

SCHOOL SPORTS.

There is a very active Schools Athletic Association in the County; under whose auspices sports meetings are held annually in different districts.

This year the representative team of Surrey boys and girls competing in the Inter-County Championship with representatives from the schools of eighteen other counties, were successful in winning the Championship Shield. Their success is a tribute to the able organisation of the Athletic Association and to those who devote much time to the training of the children.

PROVISION OF MEALS.

During the year the Council, on the recommendation of the Education Committee, adopted Section 84 of the Education Act of 1921, with the proviso that the powers granted by the Section should be exercised only where a recommendation of an individual body of managers is submitted through the usual channels and approved by the Education Committee.

The scheme was prepared and approved but was not put into operation until early in the Spring Term, 1935.

The existing voluntary schemes for the supply of milk to scholars during the morning interval received great encouragement through the arrangements made by the Milk Marketing Board to provide milk in schools for children in $\frac{1}{2}$ pint bottles at a reduced charge of one halfpenny each. The scheme began on October 1st. All vendors supplying milk to schools under this scheme had to be approved by the County Medical Officer, after consultation with the District Medical Officer of Health. By the end of the year, 328 departments, compared with 170 last year, were providing milk. On the 29th March, 1935, 37,190 children were taking milk in school. Seventy-six schools continued their schemes for the provision of either cocoa or one or other of the dried milk preparations: some of these schools had arranged for their supply of dried milk before the scheme of the Milk Marketing Board was announced. It is anticipated that many of these schools will take advantage of the Milk Marketing Board's Scheme as and when their supplies of dried milk are exhausted.

Hot midday meals arranged through voluntary sources are available in certain schools.

In many schools, particularly in rural districts, arrangements are made either for the provision of hot drinks, or for the warming of food brought by the children. Small gas stoves or gas rings have been installed in some schools for this purpose.

SCHOOL BATHS.

There are no school baths but in the Summer children from many of the schools are able to visit swimming baths in the vicinity.

CO-OPERATION OF PARENTS AND TEACHERS.

During the year 61.7 per cent. of the parents accepted the invitation to be present at routine medical inspections.

The large number of parents attending at the "Entrants" examination is particularly noticeable.

The Teachers render great assistance in the work of the school medical service, not only in the part which they play in the preparation for inspections, but by their whole-hearted interest in the physical and mental health of the children under their care. Their personal knowledge of the parents and of the home circumstances of children is often a valuable asset in securing that proper treatment is obtained without delay. The friendliest relations have always existed in Surrey between the teachers and the medical, dental, and nursing staffs.

CO-OPERATION OF THE SCHOOL OFFICERS.

The close co-operation between the school officers and the school medical service has been maintained throughout the year with satisfactory results both to the work of the officers and of the medical and nursing staff. Many children absent from school have been referred to the assistant medical officer for examination where the school officer is not satisfied that the absence is justified.

VOLUNTARY BODIES.

The Voluntary Workers' Advisory Committee has continued its efforts to re-establish School Care Committees in certain districts of the County.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During the year 71 cases of dirty and verminous conditions, and of failure to obtain treatment (either medical or dental) were referred to the Society. In 58 of these cases treatment was provided or the conditions improved; 13 cases are still under supervision.

NURSERY SCHOOLS.

The Education Committee has no Nursery Schools.

SECONDARY SCHOOLS.

The usual medical and dental inspections of the pupils in 39 secondary, junior technical and day commercial schools in the County were carried out. There are 25 schools provided by the Authority; 8 are aided but not provided; and 6 are junior technical and day commercial. Three routine examinations of the pupils at Secondary Schools are held during their school career, and two examinations of the pupils at day commercial or technical schools. In addition special examinations are made of any pupils brought forward by parents, head master or head mistress.

The number of pupils examined in the various age groups is shown in Table IX.

MEDICAL TREATMENT AND FOLLOWING UP.

The scheme for the medical and dental treatment remains unchanged.

It will be seen (Table XB) that the percentage of pupils found at routine inspections to require treatment was 6.69 as compared with 8.79 in the Elementary Schools. The following figures show the percentage of pupils referred for treatment each year since 1927 :—

Year.							Percentage of Pupils Referred for Treatment.
1927	...	...	...	...	...	...	13.9
1928	...	...	...	...	...	...	11.6
1929	...	...	...	...	...	...	13.4
1930	...	...	...	...	...	...	8.9
1931	...	...	...	...	...	...	9.0
1932	...	...	...	...	...	...	7.60
1933	...	...	...	...	...	...	7.22

SPECIAL EXAMINATION OF SECONDARY SCHOOL PUPILS.

During the year, Dr. Wingfield, the Medical Superintendent of the Frimley Sanatorium, examined by X-rays secondary school pupils of the age of 14 and over. The purpose of the examination was to ascertain whether during adolescence there were signs of pulmonary tuberculosis, which could be found by X-rays, but which were not evident by the ordinary clinical methods. The full cost of the investigation was borne by Dr. Wingfield.

The Head Masters and Head Mistresses of the Secondary Schools were asked to give the number of pupils of the requisite age whose parents had agreed to the examination, and two thousand one hundred and six acceptances were received from thirty-four schools.

A full list of those in each school agreeing to the examination was sent to Dr. Wingfield. The investigation has not yet been completed.

CONTINUATION SCHOOLS.

There are no Continuation Schools provided by the Education Authority.

HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

The Higher Education Committee was responsible during the year for the maintenance and training at residential institutions of ten blind, one epileptic, five physically defective and two deaf and dumb students.

PARENTS' PAYMENTS.

Parents' contributions towards the cost of the treatment of minor ailments, defects of the nose and throat, of vision or of teeth, are collected by the Health Visitors at the Clinics. Contributions in respect of maintenance of children in residential special schools are collected by the Chief Financial Officer.

EMPLOYMENT OF CHILDREN.

Licences for 43 children to take part in stage plays were issued during the year after the applicant had been examined by a medical officer.

Towards the end of the year the County Council adopted new Bye-Laws in connection with the employment of children of school age. These Bye-Laws provide (*inter alia*) for the medical examination of all applicants for employment cards. Arrangements are made for these children to attend for examination at the Clinic nearest to their home.

MISCELLANEOUS.

(1) *Examination of Candidates for County Scholarships.*—During the year candidates for County Scholarships (330 boys and 324 girls) were medically examined to ascertain their fitness to hold scholarships; 21 boy and 16 girl candidates were required to obtain treatment before the award of the scholarships could be confirmed.

(2) *Examination of Elementary School Teachers.*—Seven teachers in elementary schools were examined—two of whom were found not to be fit for continued duty.

Assistant Medical Officers have also attended boxing contests held both at elementary and secondary schools to examine those taking part in the boxing and to be available in case of need.

Children and Young Persons Act.—During the year 28 special reports have been made by the County Mental Specialist or by one of the Assistant Medical Officers to the Justices in respect of children appearing before them charged with offences under this Act.

SURREY EDUCATION COMMITTEE.

SCHOOL MEDICAL OFFICERS REPORT, 1934.

MEDICAL INSPECTION AND TREATMENT OF CHILDREN
ATTENDING PUBLIC ELEMENTARY SCHOOLS.

TABLE I.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of children inspected.		
	Boys.	Girls.	Total.
Entrants	4,841	4,320	9,161
Intermediates	4,232	4,020	8,252
Leavers	4,492	4,270	8,762
Totals	13,565	12,610	26,175

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys	4,160	6,255
Girls	4,207	5,520
Totals	8,367	11,775

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1934.

	Routine inspections.			Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	
Malnutrition	36	265	18	138	
Skin—					
Ringworm, Head	2	—	43	3	
" Body	1	1	20	—	
Scabies	12	2	85	4	
Impetigo	21	2	347	3	
Other diseases (non-tubercular)	75	95	1,144	89	
Eye—					
Blepharitis	55	58	117	5	
Conjunctivitis	11	10	174	8	
Keratitis	—	1	1	—	
Corneal opacities	2	2	1	—	
Defective vision (excluding squint)	709	1,060	1,152	170	
Squint	122	213	132	26	
Other conditions	12	26	147	31	
Ear—					
Defective hearing	42	107	87	41	
Otitis media	42	122	189	22	
Other ear disease	10	26	81	26	
Nose and Throat—					
Chronic Tonsilitis only	269	1,623	160	157	
Adenoids only	45	235	33	39	
Chronic Tonsilitis and adenoids	420	850	592	80	
Other conditions	30	83	223	107	
Enlarged cervical glands (non-tubercular)	21	765	62	105	
Defective speech	2	75	3	19	
Heart and Circulation—					
Heart disease, Organic	6	155	6	39	
" Functional	3	283	4	52	
Anæmia	34	58	32	25	
Lungs—					
Bronchitis	38	292	61	84	
Other non-tubercular diseases	3	126	44	54	
Tuberculosis—					
Pulmonary definite	—	3	—	1	
" suspected	2	9	4	12	
Non-Pulmonary—					
Glands	1	13	1	2	
Spine	—	1	—	—	
Hip	—	—	1	1	
Other bones and joints	—	3	—	—	
Skin	—	—	—	1	
Other forms	2	9	5	2	
Nervous system—					
Epilepsy	1	25	10	23	
Chorea	3	17	32	36	
Other conditions	13	82	49	78	
Deformities—					
Rickets	4	26	—	1	
Spinal curvature	65	270	26	36	
Other forms	217	835	125	88	
Other diseases and defects	190	623	1,124	679	
 Totals	2,521	8,451	6,335	2,287	

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASE).

Code groups.	Number of children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Entrants	9,161	705	7.69
Intermediates	8,252	782	9.47
Leavers	8,762	814	9.29
 Totals	26,175	2,301	8.79

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE COUNTY ON THE 31ST DECEMBER, 1934.

			BOYS.	GIRLS.	TOTAL.
	Children suffering from Multiple Defects (e.g., mental defect, crippling, epilepsy, etc.)	Residential special schools 3 2 5 Public elementary schools — 1 1 At no school or institution 2 1 3			
Blind (including partially sighted)	(i) Suitable for training in a school for the totally blind	At certified schools for the blind 3 6 9 At public elementary schools — — — At other institutions — — — At no school or institution — — —			
	(ii) Suitable for training in a school for the partially sighted	At certified schools for the blind or partially sighted 11 9 20 At public elementary schools 4 6 10 At other institutions — 1 1 At no school or institution 2 7 9			
Deaf deaf and dumb and partially deaf	(i) Suitable for training in a school for the totally deaf or deaf and dumb	At certified schools for the deaf 12 12 24 At public elementary schools 1 1 2 At other institutions — — — At no school or institution — 1 1			
	(ii) Suitable for training in a School for the partially deaf	At certified schools for the deaf or partially deaf 7 4 11 At public elementary schools 2 1 3 At other institutions — 1 1 At no school or institution — — —			
Mentally Defective.	Feeble-minded	At certified schools for mentally defective children 72 44 116 At public elementary schools 31 32 63 At other institutions 6 6 12 At no school or institution 26 22 48			
Epileptics	Suffering from severe epilepsy	At certified schools for epileptics 8 4 12 At public elementary schools 1 2 3 At no school or institution 4 1 5			
Physically Defective.	(i) Suffering from pulmonary tuberculosis (including pleura and intrathoracic glands).	At certified special schools 11 7 18 At public elementary schools 7 10 17 At other institutions — 1 1 At no school or institution 4 9 13			
	(ii) Suffering from non-pulmonary tuberculosis (including tuberculosis of all sites other than those shown in (i) above)	At certified special schools 27 29 56 At public elementary schools 53 45 98 At other institutions 3 1 4 At no school or institution 14 12 26			
	Delicate children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an open air school	At certified special schools 36 20 56 At public elementary schools 70 64 134 At other institutions 1 — 1 At no school or institution 4 12 16			
	*Crippled children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At certified special schools 40 30 70 At public elementary schools 41 55 96 At other institutions 3 3 6 At no school or institution 15 14 29			
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At certified special schools 6 10 16 At public elementary schools 13 20 33 At other institutions — 1 1 At no school or institution 7 10 17			
		Totals 550 517 1,067			

TABLE IV.
Group 1.—Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during 1934.

	Treatment of defects found prior to 1934.										Treatment of defects found during 1934.										Total defects treated during the year, whether found during 1934 or previously.		
	Routine cases.					Special cases.					Routine cases.					Special cases.							
	Defects treated.			Defects treated.		Total defects treated— Routine and special.			Defects treated.			Defects treated.		Total defects treated— Routine and special.			Under scheme of Local Education Authority.						
	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.		
Malnutrition ..	8	—	8	2	—	2	10	36	15	2	17	18	14	2	16	33	39	4	43				
Skin—																							
Ringworm, Head ..	2	—	2	4	—	4	6	2	1	—	1	43	29	6	35	36	36	6	42				
" Body ..	—	—	—	—	—	—	—	1	—	—	—	20	15	1	16	16	15	1	16				
Scabies ..	2	1	3	3	—	3	6	12	5	1	6	85	75	5	80	86	85	7	92				
Impetigo ..	5	—	5	18	—	18	23	21	11	—	11	347	328	5	333	344	362	5	367				
Other Diseases (non-Tubercular) ..	9	5	14	54	4	58	72	75	45	9	54	1,144	1,032	47	1,079	1,133	1,140	65	1,205				
Eye—																							
Blepharitis ..	10	2	12	4	1	5	17	55	32	2	34	117	108	1	109	143	154	6	160				
Conjunctivitis ..	2	—	2	7	1	8	10	11	1	3	4	174	162	4	166	170	172	8	180				
Keratitis ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Corneal Opacities ..	—	—	—	—	—	—	—	—	2	1	1	2	1	1	1	1	2	1	3				
Defective Vision..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Squint ..	—	—	—	See Table IV. (Group II.).			—	—	—	—	—	See Table IV. (Group II.).			—	—	—	—	—	—	—	—	—
Other Conditions ..	—	—	—	4	3	7	7	12	4	2	6	147	116	10	126	132	124	15	139				
Ear—																							
Defective Hearing ..	3	5	8	1	3	4	12	42	14	5	19	87	62	8	70	89	80	21	101				
Otitis Media ..	8	8	16	12	3	15	31	42	14	9	23	189	158	10	168	191	192	30	222				
Other Ear Disease ..	2	—	2	4	1	5	7	10	4	3	7	81	70	5	75	82	80	9	89				
Nose and Throat—																							
Chronic Tonsilitis only ..	—	—	—	See Table IV. (Group III.).			—	—	—	—	—	See Table IV. (Group III.).			—	—	—	—	—	—	—	—	—
Adenoids only ..	—	—	—	See Table IV. (Group III.).			—	—	—	—	—	See Table IV. (Group III.).			—	—	—	—	—	—	—	—	—
Chronic Tonsilitis and Adenoids ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Conditions ..	3	4	7	12	6	18	25	30	6	10	16	223	160	29	189	205	181	49	230				
Enlarged Cervical Glands (non-Tubercular) ..	4	—	4	4	2	6	10	21	5	5	10	62	34	7	41	51	47	14	61				
Defective Speech ..	—	—	—	1	1	—	1	2	—	—	—	3	3	—	3	3	3	2	5				
Heart and Circulation—																							
Heart Disease, Organic ..	1	2	3	1	2	3	6	6	6	4	4	6	—	1	1	5	2	9	11				
" Functional ..	1	1	2	—	1	1	3	3	1	1	1	4	3	—	3	4	3	3	7				
Anæmia ..	4	3	7	1	3	4	11	34	10	3	13	32	28	2	30	43	43	11	54				
Lungs—																							
Bronchitis ..	13	8	21	6	5	11	32	38	13	6	19	61	40	13	53	72	72	32	104				
Other non-Tubercular Diseases ..	1	—	1	7	2	9	10	3	1	2	3	44	32	6	38	41	41	10	51				
Tuberculosis—																							
Pulmonary, Definite ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
" Suspected ..	—	1	1	—	—	—	1	2	—	1	1	4	1	—	1	2	1	2	3				
Non-Pulmonary—																							
Glands ..	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1	2	—	2	2				
Spine ..	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1				
Hip ..	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	1				
Other Bones and Joints..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms ..	—	—	—	—	—	—	—	—	2	—	1	5	1	4	5	6	1	5	6				
Nervous System																							

TABLE IV.—*Contd.*

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1934

Number of children.

Defects referred for treatment.	Number of defects dealt with.			For whom spectacles were prescribed.			Who obtained spectacles.			Recommended for treatment other than by spectacles.			Received other forms of treatment.			For whom no treatment was considered necessary.	
	Under the authority's scheme.	By private practitioner or hospital.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.		
During 1934 ...	1,861	1,439	52	61	1,552	993	102	1,095	937	101	1,038	47	4	51	47	4	406
Outstanding from previous years ...	278	29	17	324	226	36	262	232	36	268	8	4	12	8	4	12	50
Total defects treated during 1934 ...	1,717	81	78	1,876	1,219	138	1,357	1,169	137	1,306	55	8	63	55	8	63	456

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1934.

Number of defects.

Defects referred for treatment.	Received operative treatment.			Received other forms of treatment.			Total number treated.
	Under local authority's scheme.	By private practitioner or hospital apart from authority's scheme.	Total.	Under local authority's scheme.	By private practitioner or hospital apart from authority's scheme.	Total.	
Tons.	Aden.	T. & A's	Tons.	Aden.	T. & A's	Tons.	
During 1934 ...	1,519	107	24	597	10	2	25
Outstanding from previous years ...	60	16	374	21	1	42	81
Total defects treated during 1934 ...	167	40	971	31	3	67	198
							1,038
							16
							4
							10
							214
							47
							1,048

TABLE IV.—*Contd.*

GROUP IV.—TREATMENT OF DENTAL DEFECTS.

(a) NUMBER OF CHILDREN DEALT WITH.

	Routine age groups.												Specials	Total routines and specials
	5	6	7	8	9	10	11	12	13	14	Other Ages	Total.		
Inspected by Dentists ...	3,457	7,285	7,656	7,779	8,101	8,192	8,178	7,705	7,965	5,816	421	72,555	4,012	76,567
Referred for treatment ...	1,841	4,070	4,572	4,915	5,115	5,078	5,067	4,864	5,301	3,711	234	44,768	3,230	47,998
Treatment completed ...	1,108	2,359	2,367	2,221	2,241	2,248	2,004	1,876	1,863	1,455	—	19,742	—	19,742
,, not completed ...	145	250	261	324	374	344	390	379	446	396	29	3,338	—	3,338

(b) PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

	No. of half days devoted to inspection.	No. of half days devoted to treatment.	Total No. of attendances made by the children at the clinics.	No. of permanent teeth.		No. of temporary teeth.		Total No. of fillings.	No. of administrations of general anaesthetics included in (4) and (6).	No. of other operations.	
				Ex- tracted.	Filled.	Ex- tracted.	Filled.			Permanent teeth.	Temporary teeth.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Elementary	1,058	4,347	34,551	6,430	19,317	31,631	1,213	20,530	8,548	6,019	691
Secondary	111	132	2,725	511	2,650	180	3	2,830	190	896	6

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(a) WORK OF HEALTH VISITORS.

Total number of visits to schools.	Average number of visits per school.	Total number of examinations of children in schools	Number of instances of uncleanliness.				Action taken.									
			Cloth- ing filthy.	Nits.	Lice.	Bodies ver- minous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecu- tions.	No. fined.	Adjourned or with- drawn on improve- ment.	Discharg'd with a caution or dismissed
7,115	23	352,956	378	18,670	1,471	42	20,561	6,332	3,707	1,071	342	247	43	31	12	—

(b) CHILDREN CLEANSED AT BARNES CLEANSING STATION.

Number of children cleansed.				Prosecutions.			
Verminous heads.	Verminous bodies.	Total.	Number.	Result:		Withdrawn on improvement.	
				Fines imposed.	Withdrawn on improvement.		
3	—	3	1	1	—		

TABLE V.

NOTIFICATIONS OF COMMUNICABLE DISEASES BY HEAD TEACHERS OF ELEMENTARY
SCHOOLS DURING 1934.

(a) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	304	33	342	679
Scarlet fever	1,190	74	1,102	2,366
Enteric fever	—	—	—	—
Measles	5,857	388	1,670	7,915
Whooping cough	1,903	359	225	2,487
German measles	637	47	260	944
Chicken-pox	2,264	126	822	3,212
Mumps	3,039	182	121	3,342
Jaundice	35	—	6	41
Other	272	39	33	344
Totals	15,501	1,248	4,581	21,330

(b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	65	10	75
Scabies	21	10	31
Impetigo	105	12	117
Ophthalmia	8	1	9
Other	61	28	89
Totals	260	61	321

TABLE VI.

SCHOOL CLOSURE ON ACCOUNT OF INFECTIOUS DISEASE IN 1934.

Name of school.	School closed on account of infectious disease.		Reason for closure.
	From	To	
Fetcham C.E.	23/7/34	1/8/34	Measles
Leatherhead, Great Bookham C. . .	23/7/34	1/8/34	Measles
Leigh Council	23/11/34	4/12/34	Measles

TABLE VII.

CHILDREN OF SCHOOL AGE WHO RECEIVED TREATMENT IN SANATORIA
OR HOSPITALS DURING THE YEAR.

Institution.		Male.	Female.
Ascot, Heatherwood Hospital	...	1	—
Alton, Lord Mayor Treloar's ...	...	9	7
Brompton Hospital	...	1	—
Brook (L.C.C.) Hospital, Shooter's Hill, S.E.18	...	1	—
Clandon, Alexandra Hospital for Children	...	1	—
Kennington (L.C.C.) Hospital, Lambeth, S.E.	...	—	1
Farnham, Heath End Sanatorium	...	6	—
Harpden, National Children's Home Sanatorium	...	9	8
Haslemere, Holy Cross Sanatorium	...	—	7
Margate, Royal Sea-Bathing Hospital	...	15	15
Margate, Victoria Home	...	9	9
Nayland, East Anglian Sanatorium	...	—	1
Pinner, St. Vincents	...	1	1
Pyrford, St. Nicholas Hospital	...	16	13
Ramsgate, Holy Cross Convent	...	3	—
Royal National Orthopædic Hospital (Stanmore County Branch)	...	1	4
St. Thomas's Hospital, S.E.1...	...	1	1
Seven Oaks, Children's Hospital for Hip Disease	...	2	3
Total	...	76	70

TABLE VIII.

CASES REFERRED TO THE N.S.P.C.C. DURING 1934.

Condition.	No. of cases.	Result.		Still under supervision
		Treatment provided.	Condition improved.	
Defective vision	7	3	3	1
Dirty and neglected	23	—	21	2
Enlarged tonsils and adenoids	11	7	—	4
Extensive dental caries	25	18	3	4
Miscellaneous	5	1	2	2
Totals	71	29	29	13

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY SCHOOLS.

TABLE IX.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of pupils inspected.		
	Boys.	Girls.	Total.
Entrants	1458	1091	2549
Intermediates	720	598	1318
Leavers	1004	761	1765
Totals	3182	2450	5632

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re examinations.
Boys	129	631
Girls	206	796
Totals	335	1427

TABLE X.
A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION
IN 1934.

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	3	28	—	1
Skin—				
Ringworm, Head	—	1	—	—
" Body	—	—	—	—
Scabies	2	2	—	—
Impetigo	—	1	—	—
Other diseases (non-tubercular)	9	30	2	5
Eye—				
Blepharitis	1	13	1	—
Conjunctivitis	1	3	—	—
Keratitis	—	—	—	—
Corneal opacities	—	—	—	—
Defective vision (excluding squint)	219	482	68	36
Squint	4	27	—	1
Colour sense	—	22	—	—
Other conditions	—	3	2	2
Ear—				
Defective hearing	4	38	2	1
Otitis media	4	6	—	1
Other ear disease	1	3	—	1
Nose and Throat—				
Chronic Tonsilitis only	6	144	1	2
Adenoids only	1	16	—	—
Chronic Tonsilitis and adenoids	6	55	—	4
Other conditions	7	22	—	3
Enlarged cervical glands (non-tubercular)	5	40	—	2
Defective speech	1	15	1	—
Heart and Circulation—				
Heart disease, Organic	4	21	—	2
" " Functional	2	68	—	4
Anæmia	5	24	—	1
Lungs—				
Bronchitis	2	23	—	4
Other non-tubercular diseases	1	30	1	2
Tuberculosis—				
Pulmonary definite	—	1	—	—
" suspected	—	3	—	—
Non-Pulmonary—				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other bones and joints	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous system—				
Epilepsy	—	—	—	—
Chorea	—	4	—	1
Choreiform movements	1	5	—	1
Headaches	1	2	—	5
Other conditions	—	10	—	8
Deformities—				
Rickets	—	—	—	—
Spinal curvature	34	385	1	12
Flatfoot	30	546	6	11
Other forms	—	—	—	—
Other diseases and defects	31	229	11	65
Thorax	—	20	—	—
Overstrain	—	2	—	—
Digestion	—	6	1	5
Constipation	1	3	—	—
Catamenia—				
Amenorrhœa	—	—	1	—
Menorrhagia	—	4	—	2
Dysmenorrhœa	—	1	3	4
Totals	386	2,338	101	189

B.—NUMBER OF INDIVIDUAL PUPILS FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Code groups.	Number of pupils.		Percentage of pupils found to require treatment.
	Inspected.	Found to require treatment.	
Entrants	2,549	171	6.74
Intermediates	1,318	79	5.99
Leavers	1,765	126	7.15
Totals	5,632	376	6.69

TABLE XI.

GROUP I.—TREATMENT OF DEFECTS FOUND AT ROUTINE AND SPECIAL INSPECTIONS.

		Defects treated.				
		At Hospital	By private practitioner.	Otherwise	Scheme.	Total.
Malnutrition	...	—	—	—	2	2
Skin—						
Ringworm, Head	1	—	—	1
" Body	—	—	—	—
Scabies	—	—	2	2
Impetigo	1	2	2	5
Other diseases (non-tubercular)	...	—	—	—	—	—
Eye—						
Blepharitis	—	—	2	2
Conjunctivitis	—	—	1	1
Keratitis	—	—	—	—
Corneal opacities	—	—	—	—
Defective vision	20	22	35	192
Squint...	1	—	1	2
Other conditions	—	—	1	1
Ear—						
Defective hearing	2	4	—	9
Otitis media	—	1	—	2
Other ear disease	1	1	—	2
Nose and Throat—						
Chronic Tonsilitis only	1	2	—	3
Adenoids only	—	—	—	—
Chronic Tonsilitis and adenoids	...	—	—	—	3	3
Other conditions	...	—	—	—	1	1
Enlarged cervical glands (non-tubercular)	—	—	—	—	2	2
Defective speech	—	—	—	—
Heart and Circulation—						
Heart disease, Organic	—	—	—	—
" " Functional	...	—	1	—	—	1
Anæmia	—	—	1	1
Lungs—						
Bronchitis	—	2	—	1
Other non-tubercular diseases	...	—	1	—	1	2
Tuberculosis—						
Pulmonary, definite	—	—	—	—
" suspected	...	—	—	—	—	—
Non-Pulmonary—						
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other bones and joints	...	—	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous System—						
Epilepsy	—	—	—	—
Chorea	—	1	—	1
Choreiform movements	—	—	—	—
Other conditions	—	—	1	1
Deformities—						
Rickets...	—	—	—	—
Spinal curvature	1	3	1	5
Flat foot	2	1	1	17
Other forms	—	—	—	—
Other diseases and defects	4	4	4	9
Digestion	—	1	—	1
Constipation	—	—	—	—
Catamenia—						
Amenorrhœa	—	1	—	1
Menorrhagia	—	—	—	—
Dysmenorrhœa	—	3	—	3
Totals	32	50	44	170
						296

GROUP II.—TREATMENT OF VISUAL DEFECTS.

Number of defects dealt with.				Number of pupils.							
Under Authority's Scheme.	By private practitioner or hospital.	Other-wise.	Total.	For whom spectacles were prescribed.				Who obtained spectacles.			
				Under Authority's Scheme.	By private practitioner or hospital.	Other-wise.	Total.	Under Authority's Scheme.	From private practitioner or hospital.	Other-wise.	Total.
115	43	36	194	94	76	—	170	94	76	—	170

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT.

Number of defects.												Received other forms of treatment.		Total number treated.			
Received operative treatment.																	
Under Authority's Scheme.		By private practitioner		At hospital.		Total.											
Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s
—	—	3	2	—	—	1	—	—	3	—	3	—	—	—	3	—	3

GROUP IV.—DENTAL INSPECTION.

	Routine age groups.											Total.	Special.	Total.	No. of sessions devoted to inspection.
	8 and under	9	10	11	12	13	14	15	16	17	Over 17				
Inspected by dentist ...	61	42	225	665	1,177	1,358	1,927	1,437	794	289	140	8,115	166	8,281	111
Referred for treatment ...	22	21	124	390	688	790	1,100	819	439	143	85	4,621	131	4,752	—
Treatment completed ...	4	5	25	95	203	231	331	193	113	48	17	1,265	—	1,265	—
Treatment not completed ...	—	1	3	7	29	35	53	42	17	2	—	189	—	189	—